

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ARMED SERVICES YMCA OF THE USA		<b>D</b> Employer identification number 36-3274346
	Doing business as		<b>E</b> Telephone number (571) 932-3208
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	14040 CENTRAL LOOP		<b>G</b> Gross receipts \$ 7,175,003.
City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE, VA 22193			
<b>F</b> Name and address of principal officer: WILLIAM D. FRENCH SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: ▶ ASYMCA.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶	
<b>L</b> Year of formation: 1983		<b>M</b> 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: THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND		
	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	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	42
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,917,625.	6,680,925.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	579,681.	494,078.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-79,858.	-6,500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,417,448.	7,168,503.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,262,004.	2,264,579.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,220,779.	3,791,424.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 271,371.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,841,880.	1,668,630.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,324,663.	7,724,633.
19 Revenue less expenses. Subtract line 18 from line 12	92,785.	-556,130.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 27,637,235.	End of Year 29,930,305.
	21 Total liabilities (Part X, line 26)	2,025,340.	3,597,486.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,611,895.	26,332,819.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	WILLIAM D. FRENCH, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature <i>William E Turco</i>	Date 06/30/21	Check if self-employed <input type="checkbox"/>	PTIN P00369217
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325	Phone no. 301-296-3600		
	Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND BODY THROUGH PROGRAMS RELEVANT TO THE UNIQUE CHALLENGE OF MILITARY LIFE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,704,930. including grants of \$ 951,123. ) (Revenue \$ ) PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIES: ASYMCA PROGRAMS AIM TO BRING FAMILIES CLOSER TOGETHER WHILE AT HOME AND ESPECIALLY DURING DEPLOYMENT. HEALTHY FAMILIES CONTRIBUTE SUBSTANTIALLY TO THE SUCCESS OF SERVICE MEMBERS AND THE READINESS OF MILITARY UNITS, PROVIDING CONFIDENCE AND PEACE OF MIND. HIGHLIGHTS OF LOCAL PROGRAMS INCLUDE: - EMERGENCY FINANCIAL ASSISTANCE - YOUNG FAMILY SUPPORT - FAMILY UNITY - HOLIDAY ASSISTANCE - UNIT+FAMILY READINESS GROUP SUPPORT - PARENT/CHILD DANCES

4b (Code: ) (Expenses \$ 1,703,211. including grants of \$ 598,893. ) (Revenue \$ ) CHILD CARE PROGRAMS: DAYCARE, BEFORE AND AFTER SCHOOL CARE AND HOSPITAL CHILD WATCH SERVICES FOR MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT LOW OR NO COST AT MULTIPLE ASYMCA BRANCHES AND AFFILIATES.

4c (Code: ) (Expenses \$ 1,682,401. including grants of \$ 591,576. ) (Revenue \$ ) EDUCATIONAL ASSISTANCE PROGRAMS: ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCAS TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING EDUCATION. LOCAL PROGRAMS/SERVICES OFFERED INCLUDE: - PRESCHOOL - SPECIAL INTEREST CLASSES FOR ADULTS - FINANCIAL MANAGEMENT CLASSES - CHILD LITERACY PROGRAM - BEFORE- AND AFTER-SCHOOL TUTORING - CHILD MENTORING - SIGN LANGUAGE CLASSES

4d Other program services (Describe on Schedule O.) (Expenses \$ 349,767. including grants of \$ 122,987. ) (Revenue \$ )

4e Total program service expenses 6,440,309.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> 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>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> 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>		X
<b>d</b> 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>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

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

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- List of disclosure items 17 through 20, including state filing requirements, public inspection of forms, and availability of governing documents.

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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) WILLIAM FRENCH PRESIDENT/CEO	60.00			X				328,012.	0.	34,353.
(2) DONALD KANDEL CFO AND CAO	60.00			X				230,697.	0.	31,439.
(3) CHRISTOPHER HALEY CHIEF OF STAFF & CHIEF MAR	60.00				X			184,034.	0.	23,118.
(4) DORENE OCAMB CHIEF DEVELOPMENT CENTER	60.00					X		193,202.	0.	4,174.
(5) CHARLES WILLIAMS COO & CHIEF PROGRAMS OFFIC	60.00				X			176,120.	0.	8,240.
(6) STEPHEN BROWN CONTROLLER	60.00					X		108,220.	0.	35,655.
(7) JOHN BIRD CHAIRMAN	1.00	X		X				0.	0.	0.
(8) DAVID HALVERSON VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(9) MEG O'GRADY SECRETARY	1.00	X		X				0.	0.	0.
(10) BOB BURKE TREASURER	1.00	X		X				0.	0.	0.
(11) ANDREA INSERRA DIRECTOR	1.00	X						0.	0.	0.
(12) ANDY WALSH DIRECTOR	1.00	X						0.	0.	0.
(13) ANTHONY KURTA DIRECTOR	1.00	X						0.	0.	0.
(14) BOYD WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(15) DAVID B. PAGE DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID SCANLAN DIRECTOR	1.00	X						0.	0.	0.
(17) DEREK BLAKE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) J. J. CAWELTI DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(19) JEREMY MARTIN, COL, USA (RET) DIRECTOR	1.00	X						0.	0.	0.
(20) JO DECKER DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN BUTLER DIRECTOR	1.00	X						0.	0.	0.
(22) JOHN H. TILELLI, JR., GEN, USA DIRECTOR	1.00	X						0.	0.	0.
(23) JOSEPH MILITANO DIRECTOR	1.00	X						0.	0.	0.
(24) KAT SADEGHI DIRECTOR	1.00	X						0.	0.	0.
(25) KATE BOYCE REEDER DIRECTOR	1.00	X						0.	0.	0.
(26) KATHIE ZORTMAN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,220,285.	0.	136,979.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,220,285.	0.	136,979.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FUNKHOUSER VEGOSEN LIEBMAN & DUNN LTD 55 W. MONROE ST STE 2300, CHICAGO, IL 60603	LEGAL SERVICES	120,962.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



<b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) KEVIN CAMPBELL, LTG, USA (RET) DIRECTOR	1.00	X						0.	0.	0.
(28) KEVIN ISHERWOOD DIRECTOR	1.00	X						0.	0.	0.
(29) LARRY HUGHES DIRECTOR	1.00	X						0.	0.	0.
(30) LAUREN STEVENS DIRECTOR	1.00	X						0.	0.	0.
(31) MATT STOVER DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(32) MATTHEW BENEDICT DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(41) MELVIN SPIESE DIRECTOR	1.00	X						0.	0.	0.
(42) MICHAEL S. GRADY DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(43) MIKE BASLA, LT GEN, USAF (RET) DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(44) MITCHELL WALDMAN DIRECTOR	1.00	X						0.	0.	0.
(45) NEIL JARVIS DIRECTOR	1.00	X						0.	0.	0.
(46) PAM SWAN DIRECTOR	1.00	X						0.	0.	0.
(47) RICARDO CHAMORRO DIRECTOR	1.00	X						0.	0.	0.
(48) RICHARD PATTENAUDE DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
(49) ROBERT BROOKS BROWN DIRECTOR	1.00	X						0.	0.	0.
(50) ROSEMARY WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(51) SCOTT LAVERTY DIRECTOR	1.00	X						0.	0.	0.
(52) SHARON DUNBAR DIRECTOR	1.00	X						0.	0.	0.
(53) TIM PAYNTER DIRECTOR	1.00	X						0.	0.	0.
(54) VERNON WALLACE DIRECTOR THRU 10/2020	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	3,746.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	286,024.				
	<b>d</b> Related organizations .....	<b>1d</b>	1,800,110.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	221,892.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,369,153.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 343,283.				
	<b>h Total.</b> Add lines 1a-1f .....			6,680,925.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		494,078.			494,078.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 286,024. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>		6,500.				
<b>c</b> Net income or (loss) from fundraising events .....			-6,500.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			7,168,503.	0.	0.	487,578.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,264,579.	2,264,579.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,215,122.	1,067,628.	77,316.	70,178.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,189,341.	1,973,584.	87,125.	128,632.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,902.	36,917.	21,061.	2,924.
<b>9</b> Other employee benefits .....	96,606.	82,576.	10,362.	3,668.
<b>10</b> Payroll taxes .....	229,453.	153,248.	65,318.	10,887.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	151,126.		151,126.	
<b>c</b> Accounting .....	58,058.		58,058.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	80,992.		80,992.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	192,346.	41,082.	146,187.	5,077.
<b>12</b> Advertising and promotion .....	119,906.	68,810.	37,748.	13,348.
<b>13</b> Office expenses .....	89,708.	19,994.	59,086.	10,628.
<b>14</b> Information technology .....	194,827.	122,780.	49,777.	22,270.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	42,489.	40,815.	1,674.	
<b>17</b> Travel .....	29,189.		26,211.	2,978.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,422.		1,422.	
<b>20</b> Interest .....	91,370.	70,075.	21,295.	
<b>21</b> Payments to affiliates .....	105,798.	42,319.	63,479.	
<b>22</b> Depreciation, depletion, and amortization .....	13,031.	7,819.	4,431.	781.
<b>23</b> Insurance .....	46,002.	17,910.	28,092.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>DONATED MATERIALS</u>	343,259.	343,259.		
<b>b</b> <u>PROGRAM SUPPLIES</u>	86,914.	86,914.		
<b>c</b> <u>REPAIRS &amp; MAINTENANCE</u>	22,193.		22,193.	
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,724,633.	6,440,309.	1,012,953.	271,371.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	227,873.	<b>2</b>	1,219,301.
	<b>3</b> Pledges and grants receivable, net .....	1,358,177.	<b>3</b>	603,169.
	<b>4</b> Accounts receivable, net .....	1,085,403.	<b>4</b>	1,003,354.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	526,927.	<b>9</b>	606,626.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 787,334.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 779,220.		
	<b>11</b> Investments - publicly traded securities .....	21,146.	<b>10c</b>	8,114.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,772,807.	<b>11</b>	9,722,991.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	15,254,518.	<b>12</b>	15,244,264.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,390,384.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	27,637,235.	<b>15</b>	1,522,486.	
		<b>16</b>	29,930,305.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,025,340.	<b>17</b>	1,428,984.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	2,168,502.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	2,025,340.	<b>26</b>	3,597,486.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	24,140,803.	<b>27</b>	24,901,546.
	<b>28</b> Net assets with donor restrictions .....	1,471,092.	<b>28</b>	1,431,273.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	25,611,895.	<b>32</b>	26,332,819.
	<b>33</b> Total liabilities and net assets/fund balances .....	27,637,235.	<b>33</b>	29,930,305.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,168,503.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,724,633.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-556,130.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,611,895.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,277,054.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,332,819.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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 on Schedule O.
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						820,259.
<b>6 Public support.</b> Subtract line 5 from line 4.						32,147,679.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	6,206,074.	6,622,094.	6,541,220.	6,917,625.	6,680,925.	32,967,938.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	499,774.	650,047.	703,749.	596,757.	494,078.	2,944,405.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						35,912,343.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,896.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.52 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	90.45 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 ..... ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 296,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 815,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED MILEAGE _____ _____ _____	\$ 296,260.	10/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  ARMED SERVICES YMCA OF THE USA	Employer identification number  36-3274346
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, with fields for revenue and assets.

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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					
b Contributions					
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					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		115,329.	107,215.	8,114.
c Leasehold improvements		1,980.	1,980.	0.
d Equipment				
e Other		670,025.	670,025.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,114.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	4,075,279.	END-OF-YEAR MARKET VALUE
(B) 167053.56-ISHARES MSCI EAFE INT'L		
(C) I (BTMKX)	2,454,017.	END-OF-YEAR MARKET VALUE
(D) 19616.38-ISHARES S&P 500 FUND CL G		
(E) (BSPGX)	8,714,968.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	15,244,264.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,435,190.
(2) DEPOSIT	87,296.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,522,486.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM	2,168,502.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,168,502.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	24,920,024.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,277,054.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	102,679.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	16,365,288.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	17,745,021.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,175,003.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-6,500.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-6,500.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,168,503.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	24,050,508.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	102,679.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	16,223,196.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,325,875.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,724,633.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,724,633.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ASYMCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM

UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME FOR THE

YEAR ENDED DECEMBER 31, 2020, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION

THAT IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 16,365,288.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GALA EXPENSES REPORTED ON PART VIII, LN 8B -6,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATES ACTIVITIES INCLUDED IN THE CONSOLIDATED

FINANCIAL STATEMENT 16,216,696.

GALA EXPENSES REPORTED ON PART VIII, LN 8B 6,500.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 16,223,196.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANGELS OF THE BATTEFIELD GALA (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	286,024.			286,024.
	<b>2</b> Less: Contributions .....	286,024.			286,024.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	6,500.			6,500.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				6,500.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-6,500.

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ARMED SERVICES YMCA OF ALASKA P.O. BOX 6272 ELMENDORF AFB, AK 99506	92-0016680	501(C)(3)	175,000.	0.			PROGRAM SUPPORT
ALTUS ARMED SERVICES YMCA 308 N FIRST STREET, STE 1201 ALTUS, OK 73523	90-0246016	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
EL PASO ASYMCA 7060 COMINGTON ST. EL PASO, TX 79930	74-1146782	501(C)(3)	96,500.	0.			PROGRAM SUPPORT
FORT BRAGG/POPE AFB ASYMCA 208 THORNCLIFF DRIVE FAYETTEVILLE, NC 28303	56-2159770	501(C)(3)	124,400.	0.			PROGRAM SUPPORT
KILLEEN ASYMCA 415 N. 8TH ST. KILLEEN, TX 76541	74-1902832	501(C)(3)	224,659.	0.			PROGRAM SUPPORT
LAWTON ASYMCA 201 SOUTH 4TH STREET LAWTON, OK 73501	73-0583931	501(C)(3)	98,500.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP PENDELTON ASYMCA BOX 555028, BUILDING 16144 CAMP PENDELTON, CA 92055	95-2486118	501(C)(3)	69,500.	0.			PROGRAM SUPPORT
HAMPTON ROADS REGIONAL ASYMCA 1465 LAKESIDE ROAD VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	231,000.	0.			PROGRAM SUPPORT
PULASKI COUNTY ASYMCA (FT LEONARDWD) - P.O. BOX 350 (29 YOUNG ST) - FT. LEONARD WOOD, MO 65473	43-1418023	501(C)(3)	100,500.	0.			PROGRAM SUPPORT
FT CAMPBELL BRANCH P.O. BOX 629 FORT CAMPBELL, KY 42223	62-0491361	501(C)(3)	125,500.	0.			PROGRAM SUPPORT
SAN DIEGO BRANCH 3293 SANTO ROAD SAN DIEGO, CA 92124	95-1679700	501(C)(3)	205,500.	0.			PROGRAM SUPPORT
TWENTYNINE PALMS ASYMCA P.O. BOX 6002, BUILDING 696 TWENTYNINE PALMS, CA 92278	91-1883458	501(C)(3)	182,000.	0.			PROGRAM SUPPORT
HONOLULU ASYMCA P.O. BOX 29333 HONOLULU, HI 96820	99-0075037	501(C)(3)	470,880.	0.			PROGRAM SUPPORT
YMCA OF THE PIKES PEAK REGION 2190 JET WING DRIVE COLORADO SPRINGS, CO 80916	84-0404266	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
JUNCTION CITY FAMILY YMCA P.O. BOX 113 JUNCTION CITY, KS 66441	48-0677789	501(C)(3)	25,491.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERTOWN FAMILY YMCA 119 WASHINGTON ST. WATERTOWN, NY 13601	15-0559207	501(C)(3)	17,781.	0.			PROGRAM SUPPORT
AUGUSTA SOUTH FAMILY Y ARMED SERVICES - 2215 TOBACCO ROAD - AUGUSTA, GA 30906	58-0566254	501(C)(3)	9,201.	0.			PROGRAM SUPPORT
EAST CAROLINA YMCA 100 YMCA LN NEW BERN, NC 28560	58-1402035	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
VOLUSIA FLAGLER FAMILY YMCA 761 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	59-3284968	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
YMCA OF GREATER OKLAHOMA 500 NORTH BROADWAY, SUITE 500 OKLAHOMA CITY, OK 73102	73-0579270	501(C)(3)	12,793.	0.			PROGRAM SUPPORT
YMCA OF METROPOLITAN FORTH WORTH 512 LAMAR, SUITE 400 FORT WORTH, TX 76102	75-0827471	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
DFMWR NAF FINANCIAL SERVICES OFFICE: JB LEWIS MCCHORD - P.O. BOX 339500 MS 20 JOINT BASE - LEWIS-MCCHORD, WA 98433-5000	91-0976994	501(C)(3)	10,080.	0.			PROGRAM SUPPORT
YMCA OF NORTHERN UTAH 3216 SOUTH HIGHLAND DRIVE SUITE 200 SALT LAKE CITY, UT 84106	87-0212472	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
YMCA OF GREATER SAN ANTONIO 231 E. RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	6,025.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM FUNDING AWARDED TO THE BRANCHES AND AFFILIATES ARE MONITORED BY OUR

CFO AND COO VIA OUR ACCOUNTING SYSTEM INTACCT AS WELL AS PROGRESS REPORTS

SUBMITTED TO HQ ON A MONTHLY/QUARTERLY BASIS. THE CEO AND THE BOARD

APPROVE THE ANNUAL BUDGET THAT CONTAINS THE GRANT AWARDS TO THE BRANCHES

AND THE AFFILIATES.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS PAYMENTS LISTED IN SCHEDULE J, PART II, COLUMN B(II) WERE PERFORMANCE

BASED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	10,024.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( AIRLINE MILEA )	X	1	296,260.	MARKET VALUE
26 Other ▶ ( MOTORCYCLE )	X	1	36,999.	MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36-3274346

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

BODY THROUGH PROGRAMS RELEVANT TO THE UNIQUE CHALLENGE OF MILITARY

LIFE.

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

- PARENT & ME CLASSES

- CHILDREN'S PLAYGROUNDS

- WELLNESS PROGRAMS

- CHILD ABUSE PREVENTION

- PARENTING WORKSHOPS

- INFANT CAR SEAT LOAN

PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES AND FAMILIES

- OPERATION KID COMFORT

- CAMPING (DAY & RESIDENT)

- WOUNDED WARRIOR SUPPORT

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF

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

DEPLOYED. A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF

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

ENDS MEET. LOCAL PROGRAMS INCLUDE:

- SPOUSE SUPPORT AND CRAFT GROUPS

- SEPARATE BUT TOGETHER

- COUPLES NIGHT

- ENLISTED WIVES CLUB

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

- HOLIDAY DINNERS AND DANCES
- ACTIVE DUTY PREGNANCY CLASSES
- LATE NIGHT RECREATIONAL ACTIVITIES
- PARENTING WORKSHOPS

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

- HEALTHY KIDS DAYS
- ROBOTICS CAMP
- TEEN LEADERSHIP TRAINING

EDUCATIONAL ASSISTANCE PROGRAMS

- TUITION ASSISTANCE
- AFTER SCHOOL ENRICHMENT
- COMPUTER CLASSES
- ABCS AND 123S
- GENERAL EDUCATION DIPLOMA
- ENGLISH AS SECOND LANGUAGE

NATIONALLY, ONE OF ASYMCA'S KEYSTONE PROGRAMS IS OPERATION HERO, A PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO ARE EXPERIENCING TEMPORARY DIFFICULTY IN SCHOOL, BOTH SOCIALLY AND ACADEMICALLY. OFTEN THESE DIFFICULTIES ARE CAUSED BY FREQUENT MOVES AND FAMILY DISRUPTION DUE TO DEPLOYMENTS. REFERRED BY TEACHERS, PARENTS, OR SCHOOL OFFICIALS, THE SEMESTER-LONG PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND MENTORING ASSISTANCE IN A SMALL GROUP WITH CERTIFIED TEACHERS. OPERATION HERO FACILITATES A POSITIVE ENVIRONMENT, ENCOURAGES RESPONSIBLE BEHAVIOR, AND GETS CHILDREN BACK ON TRACK IN SCHOOL, BOTH ACADEMICALLY AND SOCIALLY. MORE THAN 2,000 STUDENTS PER YEAR

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

PARTICIPATE IN OPERATION HERO.

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

OTHER PROGRAMS:

HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS

ASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO

JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM

FINANCIAL ASSISTANCE FOR EYEGLASSES TO CHILD WATCH SO THAT MOMS AND

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

ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING

INFORMATION ABOUT INFANT CHILDCARE. PROGRAMS OFFERED AT LOCAL BRANCHES

INCLUDE:

- RECREATION THERAPY
- VOLUNTEERS IN PEDIATRICS
- INFANT IMMUNIZATION FOLLOW-UP
- CHILDREN'S PRE-OPERATING PROGRAM
- NEONATAL INTENSIVE CARE REUNION
- SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS
- HEALING HEARTS
- AQUACISE (AQUATICS PROGRAM)
- BREAST CANCER AWARENESS GROUP
- ACTIVE DUTY PREGNANCY CLASSES
- RESPITE CARE
- CPR TRAINING/FIRST AID
- BABY BUNDLES

ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND

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



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

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

OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR WOUNDED WARRIORS TO

ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE

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

TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE

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

BRANCH PROGRAMS INCLUDE:

- DANCE CLASSES

- TAE KWON DO

- PILATES/YOGA

- WALKING GROUPS

- SELF-WORTH WORKSHOPS

- NUTRITION PROGRAM

- HEALTHY LIFESTYLES CLASSES

- YOUTH SPORTS, CAMPS, AND AQUATICS

- GOLF TOURNAMENTS

- 10K RACES

- CERTIFIED AEROBICS CLASSES

- ALL SERVICES ENLISTED BASEBALL

- KIDS OLYMPICS

- SOAP BOX DERBY

EXPENSES \$ 349,767. INCLUDING GRANTS OF \$ 122,987. REVENUE \$ 0.

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

THE REVIEW IS CONDUCTED IN AUGUST BY THE FINANCE/AUDIT COMMITTEE BEFORE

THE IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE IRS.

THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS REVIEWED AND

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

MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR  
ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.

THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED  
FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE  
COMPENSATION AND PROGRAM/MISSION ACCOMPLISHMENT, THAT THE ADMINISTRATIVE  
AND FUNDRAISING RATIOS FALL WITHIN APPROVED BOARD GUIDANCE, THAT ALL  
GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 ARE PROPERLY  
DOCUMENTED, AND THAT ALL PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE TO  
THE PUBLIC ON THE ASYMCA WEBSITE AND THAT THREE YEARS OF AUDITED FINANCIALS  
AND IRS 990'S ARE POSTED FOR PUBLIC REVIEW. THE FINANCE/AUDIT COMMITTEES  
THEN BRIEFS THE ENTIRE BOARD OF DIRECTORS ON THEIR REVIEW OF THE CURRENT  
IRS 990 AND ANY DISCREPANCIES NOTED. COPIES OF THE IRS 990 ARE MADE  
AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO  
RESOLVE ANY QUESTIONS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL BOARD  
MEETING EACH YEAR. DURING THE BOARD MEETING ALL BOARD DIRECTORS MUST  
COMPLETE AND SIGN THE NEW FORM BEFORE THE MEETING ADJOURNS. THE FORMS ARE  
REVIEWED AND FILED WITH THE BOARD MINUTES FOR THAT YEAR. ANY BOARD MEMBERS  
NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WILL  
BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND  
FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) AS  
WELL AS THE BRANCH EXECUTIVE DIRECTORS ARE ALSO REQUIRED TO COMPLETE THE  
CONFLICT OF INTEREST FORMS.

FORM 990, PART VI, SECTION B, LINE 15A:

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

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

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

THE COMPENSATION COMMITTEE MEETS AT THE FALL BOARD MEETING EACH YEAR TO REVIEW THE EVALUATIONS, THE COMPENSATION COMPARABILITY DATA AND THEY MAKE THE DETERMINATION THAT THE RECOMMENDED COMPENSATION IS NOT EXCESSIVE. THEY MEET WITHOUT STAFF PRESENT AND REVIEW WITH THE ENTIRE BOARD OF DIRECTORS. ALL COMMITTEE AND BOARD MEMBERS ARE INDEPENDENT.

THE COMPENSATION COMMITTEE MAKES THEIR REPORT TO THE ENTIRE BOARD AND THE BOARD OF DIRECTORS VOTES ON THE EXECUTIVE COMPENSATION PACKAGE AFTER THEY DETERMINE THAT THE COMPENSATION IS NOT EXCESSIVE.

FORM 990, PART VI, SECTION C, LINE 19:

IT IS THE POLICY OF THE ARMED SERVICES YMCA TO ALLOW PUBLIC ACCESS TO THE ORGANIZATION'S FORM 990 AND THE AUDITED FINANCIAL RECORDS FOR THE MOST CURRENT THREE YEARS. THESE RECORDS ALONG WITH THE ORGANIZATION'S BYLAWS AND CONSTITUTION AND CURRENT IRS DETERMINATION LETTER WILL BE MADE AVAILABLE FREE OF CHARGE ON THE ORGANIZATION'S WEBSITE AT WWW.ASYMCA.ORG.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND - 13-5562401, 120 BROADWAY, NEW YORK, NY 10271	TYPE I SUPPORTING ORGANIZATION PROVIDING RETIREMENT BENEFITS	NEW YORK	501(C)(3)	LINE 12B, II	N/A		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>	X	
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	THE YOUNG MEN'S CHRISTIAN ASSOCIATION RETIREMENT FUND	C	100,000.	CASH
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  ARMED SERVICES YMCA OF THE USA	Taxpayer identification number (TIN)  36-3274346
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14040 CENTRAL LOOP, NO. B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBIDGE, VA 22193	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEPHEN BROWN, CONTROLLER

- The books are in the care of ▶ 14040 CENTRAL LOOP, NO. B - WOODBRIDGE, VA 22193  
Telephone No. ▶ (571) 932-3208 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2020 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**ARMED SERVICES YMCA**

## **Group 990 for Public Inspection**

ALL ASYMCA BRANCHES

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2020

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

## A For the 2020 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN Doing business as		<b>D</b> Employer identification number 91-1883466
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14040 CENTRAL LOOP, SUITE B		<b>E</b> Telephone number (571) 932-3208
	City or town, state or province, country, and ZIP or foreign postal code WOODBRIDGE, VA 22193		<b>G</b> Gross receipts \$ 18,357,927.
	<b>F</b> Name and address of principal officer: WILLIAM D. FRENCH SAME AS C ABOVE		<b>H(a)</b> Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶ 9372
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.ASYMCA.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1983
			<b>M</b> State of legal domicile: IL

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH. O FOR CONTINUATION		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	161
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	161
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	688
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	4675
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	34,983.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	33,803.	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	12,438,218.	9,578,123.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,839,719.	4,784,064.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	263,639.	426,714.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	254,370.	868,603.
			21,795,946.	15,657,504.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,474,774.	7,874,342.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 796,118.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,654,988.	7,664,153.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,129,762.	15,538,495.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,666,184.	119,009.	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	36,868,660.	37,031,336.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	10,284,541.	10,298,625.
		26,584,119.	26,732,711.	

## Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WILLIAM D. FRENCH, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	WILLIAM E TURCO, CPA	<i>William Turco</i>	06/30/21		P00369217
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 9801 WASHINGTONIAN BLVD, STE 500 GAITHERSBURG, MD 20878		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

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND BODY THROUGH PROGRAMS RELEVANT TO THE UNIQUE CHALLENGE OF MILITARY LIFE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,937,670. including grants of \$ ) (Revenue \$ 2,660,600. ) PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIES: ASYMCA PROGRAMS AIM TO BRING FAMILIES CLOSER TOGETHER WHILE AT HOME AND ESPECIALLY DURING DEPLOYMENT. HEALTHY FAMILIES CONTRIBUTE SUBSTANTIALLY TO THE SUCCESS OF SERVICE MEMBERS AND THE READINESS OF MILITARY UNITS, PROVIDING CONFIDENCE AND PEACE OF MIND. HIGHLIGHTS OF LOCAL PROGRAMS INCLUDE: - EMERGENCY FINANCIAL ASSISTANCE - YOUNG FAMILY SUPPORT - FAMILY UNITY - HOLIDAY ASSISTANCE - UNIT+FAMILY READINESS GROUP SUPPORT - PARENT/CHILD DANCES

4b (Code: ) (Expenses \$ 3,638,283. including grants of \$ ) (Revenue \$ 1,749,148. ) CHILD CARE PROGRAMS: DAYCARE, BEFORE AND AFTER SCHOOL CARE AND HOSPITAL CHILD WATCH SERVICES FOR MILITARY PERSONNEL DEPENDENTS ARE OFFERED AT LOW OR NO COST AT MULTIPLE ASYMCA BRANCHES AND AFFILIATES.

4c (Code: ) (Expenses \$ 1,819,142. including grants of \$ ) (Revenue \$ 227,743. ) EDUCATIONAL ASSISTANCE PROGRAMS: ASYMCA OFFERS A NUMBER OF EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS, RANGING FROM PROGRAMS OFFERED ON-SITE AT ASYMCAS TO FINANCIAL ASSISTANCE TO SUPPORT ONGOING EDUCATION. LOCAL PROGRAMS/SERVICES OFFERED INCLUDE: - PRESCHOOL - SPECIAL INTEREST CLASSES FOR ADULTS - FINANCIAL MANAGEMENT CLASSES - CHILD LITERACY PROGRAM - BEFORE-AND AFTER-SCHOOL TUTORING - CHILD MENTORING - SIGN LANGUAGE CLASSES

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,598,774. including grants of \$ ) (Revenue \$ 146,573. )

4e Total program service expenses 12,993,869.

**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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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 25a</i> .....	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

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

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 688		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... N/A <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... N/A <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... N/A <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... N/A <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... N/A <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand .....		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
If "Yes," complete Form 4720, Schedule O.			

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 161 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 161		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 on Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, CA, HI, IL, KY, MO, NC, OK, TX, VA, WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**DON KANDEL, CHIEF FINANCIAL OFFICER/ADMINISTRATION OFFICER - (571) 932-3**  
**14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193**



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

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) SHERI YERRINGTON EXECUTIVE DIRECTOR - KILLEEN	40.00			X			120,058.	0.	34,719.	
(2) TIMONTHY NEY EXECUTIVE DIRECTOR - SAN DIEGO	40.00			X			133,803.	0.	16,026.	
(3) LAURIE MOORE EXECUTIVE DIRECTOR - HONOLULU	40.00			X			105,621.	0.	14,182.	
(4) SAMANTHA HOLT EXECUTIVE DIRECTOR - CAMPDEN	40.00			X			106,490.	0.	12,785.	
(5) SARAH RIFFER EXECUTIVE DIRECTOR - ALASKA	40.00			X			100,286.	0.	12,022.	
(6) LAURA BAXTER EXECUTIVE DIRECTOR - HAMPTON	40.00			X			92,053.	0.	16,728.	
(7) PATRICK BYRNE EXECUTIVE DIRECTOR - 29 PALMS	40.00			X			91,711.	0.	6,271.	
(8) STANLEY MILLER VP, OPERATIONS & ADMIN - SAN DIEGO	40.00			X			79,753.	0.	10,974.	
(9) MATTHEW RUMPH EXECUTIVE DIRECTOR - FT LW	20.00			X			63,356.	0.	25,187.	
(10) JACK CLEVESY EXECUTIVE DIRECTOR - FT BRAGG	40.00			X			71,805.	0.	15,858.	
(11) PHYLLIS BARBER DIRECTOR, FINANCE/HR - SAN DIEGO	40.00			X			75,888.	0.	9,809.	
(12) Omayra Arroyo-Andujar ACCOUNTING MANAGER - ALASKA	40.00			X			59,773.	0.	16,611.	
(13) Kimberly Jeremiah ACCOUNTING MANAGER - HONOLULU	40.00			X			65,552.	0.	8,470.	
(14) TEDD PRITCHARD EXECUTIVE DIR THRU 8/2020 - EL PASO	40.00			X			65,826.	0.	7,882.	
(15) LINDSEY WHITE EXEC. DIRECTOR FROM 3/2020 - FT CAMP	40.00			X			44,595.	0.	13,397.	
(16) MICHELLE BAUMGARTEN ASSOC EXECUTIVE DIRECTOR - FT BRAGG	40.00			X			49,548.	0.	0.	
(17) SARA PAAPE EXECUTIVE DIRECTOR - LAWTON	40.00			X			41,270.	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) LORIE GARRISON EXECUTIVE DIR THRU 5/20 - LAWTON	40.00			X				38,431.	0.	0.
(19) GUADALUPE SHIELDS OPERATIONS DIRE THRU 6/2020 - EL PAS	40.00			X				30,210.	0.	3,621.
(20) GEORGE ELSAESSER EXECUTIVE DIRECTOR - EL PASO	40.00			X				26,526.	0.	428.
(21) TIPHANIE HAMON PRESIDENT - ALTUS	2.00	X		X				0.	0.	0.
(22) KERRY BULL VICE PRESIDENT - ALTUS THRU 1/2020	2.00	X		X				0.	0.	0.
(23) CHAD LEE SECRETARY - ALTUS THRU 1/2020	2.00	X		X				0.	0.	0.
(24) DUSTIN BALDERAS TREASURER - ALTUS THRU 8/2020	2.00	X		X				0.	0.	0.
(25) MICHAEL SHIVE BOARD MEMBER - ALTUS THRU 8/2020	1.00	X						0.	0.	0.
(26) ELIZABETH MARCHA BOARD MEMBER - ALTUS THRU 8/2020	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,462,555.	0.	224,970.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,462,555.	0.	224,970.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) JENNIFER DOLMAN BOARD MEMBER - ALTUS THRU 1/2020	1.00	X						0.	0.	0.
(28) CHRISTINE TULL BOARD MEMBER - ALTUS THRU 11/2020	1.00	X						0.	0.	0.
(29) STEVEN FRANCIS BOARD MEMBER - ALTUS	1.00	X						0.	0.	0.
(30) KEITH MANTERNACH BOARD CHAIR - ALASKA	3.00	X		X				0.	0.	0.
(31) MARK JOHN 2ND VICE CHAIR - ALASKA	1.00	X		X				0.	0.	0.
(32) MARK HALL 2ND VICE CHAIR - ALASKA	1.00	X		X				0.	0.	0.
(33) DEANTHA CROCKETT VICE PRESIDENT - ALASKA	1.00	X		X				0.	0.	0.
(34) INGRID KARN TREASURER - ALASKA	1.00	X		X				0.	0.	0.
(35) TERRI LINDSETH SECRETARY - ALASKA	1.00	X		X				0.	0.	0.
(36) ERIK LIND PAST PRESIDENT - ALASKA	1.00	X		X				0.	0.	0.
(37) LARRY SUTTERER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(38) JIM LEE BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(39) BARBARA FULLMER BOARD MEMBER - ALASKA	1.00	X						0.	0.	0.
(40) GREG MILLER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(41) FRANK WILLIAMS BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(42) TIM MAUDSLEY BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(43) ERIC CAMPBELL BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(44) JEFF SHIRLEY BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(45) APRIL GETTYS BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(46) LAND HAYWARD BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(47) VON VEEH BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(48) CHRIS BLOCK BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(49) TIM HOPPER BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(50) TERRY UMATUM BOARD MEMBER - ALASKA	0.50	X						0.	0.	0.
(51) JOHN BAILEY BOARD PRESIDENT - EL PASO	1.00	X		X				0.	0.	0.
(52) TOM THOMAS TREASURER - EL PASO THRU 5/2020	1.00	X		X				0.	0.	0.
(53) MARISELA RIOS SECRETARY - EL PASO	1.00	X		X				0.	0.	0.
(54) BRIAN BEAUREGARD BOARD MEMBER - EL PASO THRU 9/2020	0.50	X						0.	0.	0.
(55) DEAN SANDERS BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(56) EDWARD MARTINEZ BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(57) JERRY PARE BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(58) JOSE POMPA BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(59) JOSEFINA MATHEW BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(60) KAREN DIAZ BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(61) KARLA LANDEROS BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(62) LETTY WEST BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(63) LIZ ROSSI BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(64) LUIS ALVAREZ BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(65) MARLA CUSHING BOARD MEMBER - EL PASO THRU 8/2020	0.50	X						0.	0.	0.
(66) MARYANN ANDREWS BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(67) MONICA THOMAS BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(68) PERLA LUCERO BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(69) SAMANTHA SILVA BOARD MEMBER - EL PASO THRU 7/2020	0.50	X						0.	0.	0.
(70) SHANNON CHALFONT BOARD MEMBER - EL PASO	0.50	X						0.	0.	0.
(71) JAY GOTHARD CHAIRMAN - FT BRAGG	1.00	X		X				0.	0.	0.
(72) KAROLL ESTACIO CHAIRMAN - FT BRAGG THRU 3/2020	1.00	X		X				0.	0.	0.
(73) DANICE LANGDON VICE CHAIR - FT BRAGG	0.50	X		X				0.	0.	0.
(74) APRIL LAMBRIGHT SECRETARY - FT BRAGG	0.50	X		X				0.	0.	0.
(75) ABEL SIMUTAMI MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(76) JAMES DAWSON MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(77) KATE BERNITEZ MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(78) MARY BLACK MEMBER - FT BRAGG THRU 1/2020	0.50	X						0.	0.	0.
(79) SHADIA YOUNG MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(80) SHAJN CABRARA MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(81) TRACEY ANSLEY MEMBER - FT BRAGG	0.50	X						0.	0.	0.
(82) ANNETTE KALINOWSKI BOARD CHAIRMAN - FT CAMPBELL	2.00	X		X				0.	0.	0.
(83) YVONNE PICKERING V. CHAIRMAN THRU 1/2020 - FT CAMPBE	2.00	X		X				0.	0.	0.
(84) JOE FERDELMAN TREASURER THRU 1/2020 - FT CAMPBELL	2.00	X		X				0.	0.	0.
(85) KAREN STANLEY SECRETARY THRU 1/2020- FT CAMPBELL	1.00	X		X				0.	0.	0.
(86) MELISSA SCHAFFNER BOARD MBR THRU 1/2020 - FT CAMPBELL	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(87) FAIRLEN BROWNING BOARD MBR THRU 2/2020 - FT CAMPBELL	0.50	X						0.	0.	0.
(88) RICH HOLLODAY BOARD MBR THRU 2/2020 - FT CAMPBELL	0.50	X						0.	0.	0.
(89) LINDSEY GARNETT BOARD MEMBER - FT CAMPBELL	0.50	X						0.	0.	0.
(90) JOSH DEAVOURS BOARD CHAIR - FT LW	2.00	X		X				0.	0.	0.
(91) TRISHA GUFFEY-MATOS BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(92) MICHELLE BECKLEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(93) JOHN DENBO BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(94) SHELLEY EMPERATO BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(95) HAZEL SNELL BOARD MEMBER - FT LW THRU 1/2020	2.00	X						0.	0.	0.
(96) CONNIE STOLTZ BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(97) ANNA HANEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(98) RACHELLE HARVEY BOARD MEMBER - FT LW	2.00	X						0.	0.	0.
(99) JOEL VARGAS CHAIRMAN - HAMPTON	0.50	X		X				0.	0.	0.
(100) KEVIN SLATES VICE CHAIRMAN - HAMPTON	0.50	X		X				0.	0.	0.
(101) JOHN PAWLIN SECRETARY - HAMPTON	0.80	X		X				0.	0.	0.
(102) DAVE DUFFIE TREASURER - HAMPTON	0.50	X		X				0.	0.	0.
(103) ROBERT OLDANI BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(104) DANIEL T. DOYLE BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(105) LISA THOMPSON BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(106) BROOKE SCARBROUGH BOARD MEMBER - HAMPTON	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(107) AMY SPRINGIRTH BOARD MBR THRU 8/2020 - HAMPTON	0.30	X						0.	0.	0.
(108) DONALD BROWN BOARD MEMBER - HAMPTON	0.10	X						0.	0.	0.
(109) LARRY TINDAL BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(110) DR ALVETA GREEN BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(111) JOSEF MARKS BOARD MEMBER - HAMPTON	0.50	X						0.	0.	0.
(112) JEFF GUILD BOARD MEMBER - HAMPTON	0.20	X						0.	0.	0.
(113) BOB RODRIQUEZ BOARD MEMBER - HAMPTON	0.40	X						0.	0.	0.
(114) TOMMY DREW BOARD MBR THRU 12/2020 - HAMPTON	0.40	X						0.	0.	0.
(115) DAN LEAF, LTGEN USAF (RET) BOARD CHAIRMAN - HONOLULU	0.60	X		X				0.	0.	0.
(116) NANCY WHITE BOARD SECRETARY - HONOLULU	0.33	X		X				0.	0.	0.
(117) DAVID VALENTE BOARD TREAS. THRU 2/2020 - HONOLULU	0.33	X		X				0.	0.	0.
(118) MICHAEL DECAPRIO BOARD TREASURER - HONOLULU	0.33	X		X				0.	0.	0.
(119) BOB BOREK BOARD VICE-CHAIRMAN - HONOLULU	0.60	X		X				0.	0.	0.
(120) ADRIANNE SOFGE BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(121) CAROL NELSON BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(122) CINDY WILSBACH BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(123) DAVE SHANAHAN BOARD MBR THRU 9/2020 - HONOLULU	0.30	X						0.	0.	0.
(124) DON ANDERSON BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(125) EDDIE QUAN BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(126) FRAN DENINNO BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(127) GLENN MEDEIROS BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(128) JEANNINE WIERCINSKI BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(129) JOE LOGAN BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(130) KELLI FORT BOARD MBR THRU 7/2020 - HONOLULU	0.33	X						0.	0.	0.
(131) LAURA AQUILINO BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(132) LAURIE CRAPAROTTA BOARD MBR THRU 7/2020 - HONOLULU	0.33	X						0.	0.	0.
(133) LEAH JONES BOARD MBR THRU 7/2020 - HONOLULU	0.33	X						0.	0.	0.
(134) LYNDA LEE LUNDAY BOARD MBR THRU 7/2020 - HONOLULU	0.33	X						0.	0.	0.
(135) MARGARET SIBLEY BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(136) PAM CABRERA BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(137) PATSY NARIMATSU BOARD MBR THRU 1/2020 - HONOLULU	0.33	X						0.	0.	0.
(138) PATTI BROWN BOARD MBR THRU 1/2020 - HONOLULU	0.33	X						0.	0.	0.
(139) PAUL L'ECUYER BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(140) REBEKAH JARRARD BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(141) REESE LIGGETT BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(142) REGINA BRZAK BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(143) SALLY MIST BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(144) SANDY CHADWICK BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(145) SARAH FARGO BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(146) SHARENE BROWN BOARD MBR THRU 7/2020 - HONOLULU	0.30	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(147) SIMONA CLARK BOARD MBR THRU 7/2020 - HONOLULU	0.30	X						0.	0.	0.
(148) SUSAN COWAN BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(149) THERESA LACAMERA BOARD MEMBER - HONOLULU	0.30	X						0.	0.	0.
(150) VIVIEN STACKPOLE BOARD MEMBER - HONOLULU	0.33	X						0.	0.	0.
(151) GREGORY RANSAW BOARD CHAIR - KILLEEN	2.00	X		X				0.	0.	0.
(152) TERRY OSWALD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(153) DAVID MITCHELL BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(154) ED JAMES BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(155) ZACH DIETZE BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(156) DR. ERIC PENROD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(157) RON WALKER BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(158) CAMILLE HOWARD BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(159) TODD FOX BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(160) DR. MARY KELLER BOARD MEMBER - KILLEEN	2.00	X						0.	0.	0.
(161) BARRY BEAUCHAMP CHAIR THRU 10/2020 - LAWTON	2.00	X		X				0.	0.	0.
(162) LISA VAN BRUNT CHAIR - LAWTON	2.00	X		X				0.	0.	0.
(163) BRANDY THOMAS VICE CHAIR - LAWTON	2.00	X		X				0.	0.	0.
(164) DENNIS MEYER TREASURER THRU 1/2020 - LAWTON	2.00	X		X				0.	0.	0.
(165) GORDON SHAW SECRETARY THRU 1/2020 - LAWTON	2.00	X		X				0.	0.	0.
(166) ALBERT RIVAS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(167) BETTY CERRONE BOARD MBR THRU 11/2020 - LAWTON	2.00	X						0.	0.	0.
(168) BILL SCHNEIDER BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(169) DENNIS CLIPPINGER BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(170) EDWARD HILLIARY BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(171) GENE LOVE BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(172) KENSUE DOERFUL BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(173) KIM THOMAS BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(174) LAYLA BURGADO BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(175) MARK SCOTT BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(176) MONTE BROWN BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(177) PAT HOLLIS BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(178) RACHEL JONES BOARD MBR THRU 9/2020 - LAWTON	2.00	X						0.	0.	0.
(179) RANDY DOLLARHITE BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(180) SHYKIRA SMITH BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(181) TARA DEAVOURS BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(182) TED JANOSKO BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(183) WAYNE ANDREWS BOARD MEMBER - LAWTON	2.00	X						0.	0.	0.
(184) WILLIE BRYD BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(185) ZOE DURANT BOARD MBR THRU 1/2020 - LAWTON	2.00	X						0.	0.	0.
(186) STEVE BROWNE CHAIRMAN - CAMPEN	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(187) RALPH SANCHEZ VICE CHAIRMAN - CAMPPEN	1.00	X		X				0.	0.	0.
(188) JEFF TROTTER SECRETARY - CAMPPEN	1.00	X		X				0.	0.	0.
(189) LIZ RHEA TREASURER - CAMPPEN	1.00	X		X				0.	0.	0.
(190) MIKE FLEMING TREASURER THRU 12/2020 - CAMPPEN	1.00	X		X				0.	0.	0.
(191) TODD KERN PARLIAMENTARIAN - CAMPPEN	1.00	X		X				0.	0.	0.
(192) DAWN BAKER MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(193) JESS BRESSI MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(194) KEVIN BREWER MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(195) GEORGE BROWN MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(196) PETER BURGGREN MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(197) MICHAEL GLEASON MEMBER THRU 12/2020 - CAMPPEN	1.00	X						0.	0.	0.
(198) DEAN LEWIS MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(199) BEVERLEY MASON MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(200) MULDOON, KEVIN MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(201) CLIFF MYERS MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(202) JOHN RYAN MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(203) FORREST SMITH MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(204) MARK WERNIG MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(205) GEORGE YOUNG MEMBER - CAMPPEN	1.00	X						0.	0.	0.
(206) LEN HERING PRESIDENT - SAN DIEGO	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(207) NANCY LAZARSKI 1ST VICE PRESIDENT - SAN DIEGO	1.00	X		X				0.	0.	0.
(208) DENISE STICH 2ND VICE PRESIDENT - SAN DIEGO	1.00	X		X				0.	0.	0.
(209) LARI SHEEHAN SECRETARY - SAN DIEGO	1.00	X		X				0.	0.	0.
(210) JOHN W. BAER, JR. TREASURER - SAN DIEGO	1.00	X		X				0.	0.	0.
(211) CYNTHIA CURIEL BOARD MBR THRU 12/2020 - SAN DIEGO	1.00	X						0.	0.	0.
(212) LISA HITT BOARD MBR THRU 2/2020 - SAN DIEGO	1.00	X						0.	0.	0.
(213) LYNN KELLY BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(214) LUZ CORDERO - LAZOTT BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(215) JERRY KINNICK BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(216) PATRICK MCGRATH BOARD MBR THRU 12/2020 - SAN DIEGO	1.00	X						0.	0.	0.
(217) VICTOR PEREZ BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(218) DENISE STICH BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(219) KATHIE ZORTMAN BOARD MBR THRU 12/2020 - SAN DIEGO	1.00	X						0.	0.	0.
(220) DARYL C. IDLER BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(221) ALAN LERCHBACKER BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(222) BARBETTE LOWNDES BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(223) JOE PIERZINA BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(224) GREGORY TANNEBERGER BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(225) CRAIG TURLEY BOARD MEMBER - SAN DIEGO	1.00	X						0.	0.	0.
(226) JAMES L. TODD CHAIRMAN - 29 PALMS	2.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	97,559.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	859,035.				
	<b>d</b> Related organizations .....	<b>1d</b>	2,112,639.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	163,110.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,345,780.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,568,073.				
	<b>h Total.</b> Add lines 1a-1f .....			9,578,123.			
	Program Service Revenue	<b>2 a</b> PROGRAM SERVICE FEES	<b>Business Code</b>				
		900099	2,615,882.	2,615,882.			
<b>b</b> MEMBERSHIP DUES		900099	1,476,141.	1,476,141.			
<b>c</b> GOVERNMENT CONTRACTS		900099	410,315.	410,315.			
<b>d</b> RESIDENCE & RELATED SE		900099	281,726.	281,726.			
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....				4,784,064.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		406,540.			406,540.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	856,584.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	856,584.				
	<b>d</b> Net rental income or (loss) .....			856,584.		856,584.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,273,127.	19,213.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,272,166.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	961.	19,213.			
<b>d</b> Net gain or (loss) .....			20,174.		20,174.		
<b>8 a</b> Gross income from fundraising events (not including \$ 859,035. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	373,491.					
<b>c</b> Net income or (loss) from fundraising events .....			-373,491.		-373,491.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		64,179.				
<b>b</b> Less: direct expenses .....	<b>9b</b>	29,196.					
<b>c</b> Net income or (loss) from gaming activities .....			34,983.	34,983.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		305,555.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	25,570.					
<b>c</b> Net income or (loss) from sales of inventory .....			279,985.		279,985.		
Miscellaneous Revenue	<b>11 a</b> OTHER	<b>Business Code</b>					
		900099	70,542.			70,542.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			70,542.				
<b>12 Total revenue.</b> See instructions .....			15,657,504.	4,784,064.	34,983.	1,260,334.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,650,754.	1,264,530.	253,734.	132,490.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,070,433.	4,248,567.	401,674.	420,192.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	262,459.	133,087.	112,399.	16,973.
<b>9</b> Other employee benefits .....	419,046.	221,504.	177,013.	20,529.
<b>10</b> Payroll taxes .....	471,650.	379,098.	52,040.	40,512.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	6,457.	2,501.	3,956.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	29,828.		29,828.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	591,385.	478,507.	107,569.	5,309.
<b>12</b> Advertising and promotion .....	184,166.	82,020.	58,192.	43,954.
<b>13</b> Office expenses .....	410,202.	319,120.	81,924.	9,158.
<b>14</b> Information technology .....	90,440.	77,170.	7,411.	5,859.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	313,905.	284,691.	12,187.	17,027.
<b>17</b> Travel .....	86,686.	38,729.	41,907.	6,050.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	17,090.	8,527.	7,403.	1,160.
<b>20</b> Interest .....	173,492.	91,805.	74,627.	7,060.
<b>21</b> Payments to affiliates .....	259,794.	213,031.	33,773.	12,990.
<b>22</b> Depreciation, depletion, and amortization .....	795,999.	735,830.	60,169.	
<b>23</b> Insurance .....	295,066.	244,277.	39,949.	10,840.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATED MATERIALS	2,512,848.	2,435,613.	48,197.	29,038.
<b>b</b> PROGRAM EVENTS	1,336,973.	1,250,770.	77,534.	8,669.
<b>c</b> RENTALS, REPAIRS & MAIN	472,498.	413,770.	54,571.	4,157.
<b>d</b> UBIT TAXES	4,313.	4,313.		
<b>e</b> All other expenses	83,011.	66,409.	12,451.	4,151.
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,538,495.	12,993,869.	1,748,508.	796,118.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,798,056.	<b>1</b>	3,526,977.
	<b>2</b> Savings and temporary cash investments .....	2,495,396.	<b>2</b>	3,111,777.
	<b>3</b> Pledges and grants receivable, net .....	1,383,645.	<b>3</b>	1,144,167.
	<b>4</b> Accounts receivable, net .....	2,082,694.	<b>4</b>	445,895.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	29,153.	<b>8</b>	29,153.
	<b>9</b> Prepaid expenses and deferred charges .....	349,856.	<b>9</b>	22,788.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,280,021.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,849,310.	17,190,937.	<b>10c</b> 18,430,711.
	<b>11</b> Investments - publicly traded securities .....	9,048,581.	<b>11</b>	9,769,748.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	490,342.	<b>12</b>	550,120.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	36,868,660.	<b>16</b>	37,031,336.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,236,566.	<b>17</b>	1,506,683.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	7,332,071.	<b>20</b>	7,089,348.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	409,301.	<b>23</b>	423,409.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,306,603.	<b>25</b>	1,279,185.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,284,541.	<b>26</b>	10,298,625.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	21,049,182.	<b>27</b>	21,472,252.
	<b>28</b> Net assets with donor restrictions .....	5,534,937.	<b>28</b>	5,260,459.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	26,584,119.	<b>32</b>	26,732,711.
<b>33</b> Total liabilities and net assets/fund balances .....	36,868,660.	<b>33</b>	37,031,336.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	15,657,504.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,538,495.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	119,009.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,584,119.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	359,755.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-330,172.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,732,711.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						47,894,566.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	8,194,950.	8,601,970.	7,604,052.	12,438,218.	11,055,376.	47,894,566.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	721,637.	884,942.	904,436.	971,947.	1,263,124.	4,746,086.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	36,951.	55,337.	54,015.	63,681.	34,983.	244,967.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						52,885,619.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	42,695,058.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.56 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	91.38 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. 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 - 2019. 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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			





# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

ARMED SERVICES YMCA OF THE USA  
GROUP RETURN

Employer identification number

91-1883466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ _____ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ _____ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ _____ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ _____ 260,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ _____ 260,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ _____ 260,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 260,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 10,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 15,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 33,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ _____ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ _____ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ _____ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ _____ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ _____ 79,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ _____ 92,208.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ _____ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ _____ 100,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 19,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 26,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ _____ 33,423.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ _____ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ _____ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ _____ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ _____ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b> 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ _____	\$ _____ 29,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ _____ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ _____ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ _____ 49,938.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ _____ 178,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ _____ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 567,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	<b>Employer identification number</b>  91-1883466
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number  91-1883466
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990

LINE H(B) - LIST OF AFFILIATED  
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
ARMED SERVICES YMCA OF ALASKA	PO BOX 6272 - ELMEDORF AB, AK 99506	92-0016680
EI PASO ASYMCA	7060 COMINGTON SI. - EI PASO, TX 79930	74-1146782
HAMPTON ROADS REGIONAL ASYMCA	1465 LAKESIDE ROAD - VIRGINIA BEACH, VA 23455	54-0525308
KILLEEN ASYMCA	415 N. 8TH STREET - KILLEEN, TX 76541	74-1902832
LAWTON ASYMCA	201 SOUTH 4TH STREET - LAWTON, OK 73501	73-0583931
CAMP PENDLETON ASYMCA	200090 ASH RD WIRE MOUNTAIN RD - CAMP PENDLETON, CA 92055	95-2486118
HONOLULU ASYMCA	1260 PIERCE ST., SUITE 145 - HONOLULU, HI 98860	99-0075037
SAN DIEGO ARMED SERVICES YMCA	3293 SANTO ROAD - SAN DIEGO, CA 92124	95-1679700
PULASKI COUNTY ASYMCA	P.O. BOX 350 (29 YOUNG STREET) - FI. LEONARD WOOD, MO 65473	43-1418023
FORT BRAGG/POPE AFB ASYMCA	208 THORNCLIFF DRIVE - FAYETTEVILLE, NC 28303	56-2159770
TWENTYNINE PALMS ASYMCA	P.O. BOX 6002, BUILDING 696 - TWENTYNINE PALMS, CA 92278	91-1883458
FORT CAMPBELL BRANCH	P.O. BOX 629 - FORT CAMPBELL, KY 42223	62-0491361
ALTUS ASYMCA	P.O. BOX 72 - ALTUS, OK 73522	90-0246016

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	444,872.	444,872.	444,872.	444,872.	443,995.
b Contributions					
c Net investment earnings, gains, and losses	81,858.				877.
d Grants or scholarships					
e Other expenditures for facilities and programs	19,330.				
f Administrative expenses					
g End of year balance	507,400.	444,872.	444,872.	444,872.	444,872.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  76.0800 %
  - c Term endowment  23.9200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,115,400.		2,115,400.
b Buildings		20,512,797.	7,078,658.	13,434,139.
c Leasehold improvements		2,970,405.	894,671.	2,075,734.
d Equipment				
e Other		4,681,419.	3,875,981.	805,438.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,430,711.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO BRANCH & HEADQUARTERS	1,279,185.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,279,185.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	24,920,024.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 359,755.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,293,372.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 6,181,136.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,834,263.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	16,085,761.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -428,257.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-428,257.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	15,657,504.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	24,050,508.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,293,372.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 6,218,641.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,512,013.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,538,495.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	15,538,495.

**Part XIII Supplemental Information.**

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, lines 2d and 4b; and Part XII, 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 X, LINE 2:

ASYMCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM

UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME FOR THE

**Part XIII** Supplemental Information (continued)

YEAR ENDED DECEMBER 31, 2020, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION

THAT IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD

TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE

CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENT	6,181,136.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON LINE 8B	-373,491.
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COST OF GOODS SOLD REPORTED ON LINE 10B	-25,570.
---	----------

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED

ON LINE 9B	-29,196.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	-428,257.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL

STATEMENT	5,460,212.
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FUNDRAISING EXPENSE REPORTED ON LINE 8B	373,491.
---	----------

COST OF GOODS SOLD REPORTED ON LINE 10B	25,570.
---	---------

EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED

ON LINE 9B	29,196.
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INTEREST RATE SWAP	330,172.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,218,641.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIREWORKS EVENT (event type)	GOLF TOURNAMENT (event type)	10 (total number)		
Revenue	1	Gross receipts	336,901.	206,687.	315,447.	859,035.
	2	Less: Contributions	336,901.	206,687.	315,447.	859,035.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	188,994.	47,143.	137,354.	373,491.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				373,491.
11	Net income summary. Subtract line 10 from line 3, column (d)				-373,491.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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		64,170.	64,170.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			33,510.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				33,510.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				30,660.

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

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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 ▶ OMAYRA ARROYO

Address ▶ P.O. BOX 6272 - ELMENDORF AFB, AK 99518

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 64,170. and the amount of gaming revenue retained by the third party ▶ \$ 8,300.
- c If "Yes," enter name and address of the third party:

Name ▶ MARI JO IMIG, DBA GIMI GIFTS

Address ▶ 908 WEST 56TH AVE - ANCHORAGE, AK 99518

16 Gaming manager information:

Name ▶ SARAH RIFFER

Gaming manager compensation ▶ \$ 2,253.

Description of services provided ▶ CHARITABLE GAMING PULL TABS

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?  Yes  No
- 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 ▶ \$ 45,000.

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**91-1883466**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERI YERRINGTON EXECUTIVE DIRECTOR - KILLEEN	(i)	113,846.	5,000.	1,212.	15,653.	19,380.	155,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIMONTHY NEY EXECUTIVE DIRECTOR - SAN DIEGO	(i)	123,550.	10,000.	253.	16,026.	532.	150,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

EMPLOYEES RECEIVED PERFORMANCE BASED BONUSES.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>		SEE PART VI FOR COLUMN (A) CONTINUATIONS										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 2016	26-1604618	NONE	08/31/16	9,327,977.	CAPITAL PROJECTS		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	2,028,925.							
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	9,327,977.							
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....								
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	186,559.							
<b>8</b>	Credit enhancement from proceeds .....								
<b>9</b>	Working capital expenditures from proceeds .....								
<b>10</b>	Capital expenditures from proceeds .....	9,141,418.							
<b>11</b>	Other spent proceeds .....								
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2017							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X						
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X						
<b>16</b>	Has the final allocation of proceeds been made? .....	X							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X							

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property? .....		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		%		%		%
6 Total of lines 4 and 5 .....		.00 %		%		%		%
7 Does the bond issue meet the private security or payment test? .....		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet? .....	X							
b Exception to rebate? .....		X						
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X							

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....	X							
b Name of provider .....	BRANCH BANKING AND							
c Term of hedge .....	10.0000000							
d Was the hedge superintegrated? .....		X						
e Was the hedge terminated? .....		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
b Name of provider .....								
c Term of GIC .....								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6 Were any gross proceeds invested beyond an available temporary period? .....		X						
7 Has the organization established written procedures to monitor the requirements of section 148? .....		X						

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 2016B





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		323,815.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	55,225.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1,852	1,914,516.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( EVENT SUPPLIE )	X	96	98,761.	FMV
26 Other ( EQUIPMENT )	X	8	95,016.	FMV
27 Other ( TOYS )	X	165	52,960.	FMV
28 Other ( GIFT CARD/CER )	X	26	17,381.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

NON-GAME TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 5

(C) REVENUE REPORTED ON FORM 990, PART VIII § 6401.

(D) METHOD OF DETERMINING REVENUE: FMV

GAME TICKETS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII § 4000.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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

THE ARMED SERVICES YMCA ENHANCES THE LIVES OF MILITARY MEMBERS AND  
THEIR FAMILIES IN SPIRIT, MIND AND BODY THROUGH PROGRAMS RELEVANT TO  
THE UNIQUE CHALLENGE OF MILITARY LIFE.

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

- PARENT & ME CLASSES
- CHILDREN'S PLAYGROUNDS
- WELLNESS PROGRAMS
- CHILD ABUSE PREVENTION
- PARENTING WORKSHOPS
- INFANT CAR SEAT LOAN

PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES AND FAMILIES

- OPERATION KID COMFORT
- CAMPING (DAY & RESIDENT)
- WOUNDED WARRIOR SUPPORT

FEW PEOPLE OUTSIDE OF MILITARY FAMILIES CAN IMAGINE THE STRAIN OF

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

DEPLOYED. A VAST ARRAY OF ASYMCA PROGRAMS HELP SPOUSES OF

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

ENDS MEET. LOCAL PROGRAMS INCLUDE:

- SPOUSE SUPPORT AND CRAFT GROUPS
- SEPARATE BUT TOGETHER
- COUPLES NIGHT

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

- 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:

- HEALTHY KIDS DAYS
- ROBOTICS CAMP
- TEEN LEADERSHIP TRAINING

EDUCATIONAL ASSISTANCE PROGRAMS

- TUITION ASSISTANCE
- AFTER SCHOOL ENRICHMENT
- COMPUTER CLASSES
- ABCS AND 123S
- GENERAL EDUCATION DIPLOMA
- ENGLISH AS SECOND LANGUAGE

NATIONALLY, ONE OF ASYMCA'S KEYSTONE PROGRAMS IS OPERATION HERO, A PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO ARE EXPERIENCING TEMPORARY DIFFICULTY IN SCHOOL, BOTH SOCIALLY AND ACADEMICALLY. OFTEN THESE DIFFICULTIES ARE CAUSED BY FREQUENT MOVES AND FAMILY DISRUPTION DUE TO DEPLOYMENTS. REFERRED BY TEACHERS, PARENTS, OR SCHOOL OFFICIALS, THE SEMESTER-LONG PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND MENTORING ASSISTANCE IN A SMALL GROUP WITH CERTIFIED TEACHERS. OPERATION HERO FACILITATES A POSITIVE ENVIRONMENT, ENCOURAGES RESPONSIBLE BEHAVIOR, AND GETS CHILDREN BACK ON TRACK IN SCHOOL, BOTH

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

ACADEMICALLY AND SOCIALLY. MORE THAN 2,000 STUDENTS PER YEAR

PARTICIPATE IN OPERATION HERO.

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

OTHER PROGRAMS:

HEALTH CARE ASSISTANCE, RECREATIONAL, RESIDENCE AND AWARDS

ASYMCA PROVIDES SUPPLEMENTAL HEALTHCARE AND MEDICAL ASSISTANCE TO

JUNIOR-ENLISTED MILITARY PERSONNEL AND THEIR FAMILIES, RANGING FROM

FINANCIAL ASSISTANCE FOR EYEGLASSES TO CHILD WATCH SO THAT MOMS AND

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

ADVICE AND ASSISTANCE ON THE BASE TO MILITARY SPOUSES NEEDING

INFORMATION ABOUT INFANT CHILDCARE. PROGRAMS OFFERED AT LOCAL BRANCHES

INCLUDE:

- RECREATION THERAPY
- VOLUNTEERS IN PEDIATRICS
- INFANT IMMUNIZATION FOLLOW-UP
- CHILDREN'S PRE-OPERATING PROGRAM
- NEONATAL INTENSIVE CARE REUNION
- SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS
- HEALING HEARTS
- AQUACISE (AQUATICS PROGRAM)
- BREAST CANCER AWARENESS GROUP
- ACTIVE DUTY PREGNANCY CLASSES
- RESPITE CARE
- CPR TRAINING/FIRST AID
- BABY BUNDLES

ASYMCA KEEPS CHILDREN AND ADULTS ENTERTAINED AND ACTIVE TO BUILD AND

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

Employer identification number  
91-1883466

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

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

OPERATES A PROGRAM AT THE NAVAL MEDICAL CENTER FOR WOUNDED WARRIORS TO

ENJOY RECREATION ACTIVITIES SUCH AS TRIPS WITH GREAT SEATS TO PADRE

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

TWENTY-NINE PALMS OFFERS ACTIVITIES FOR CHILDREN UNDER FIVE WHILE

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

BRANCH PROGRAMS INCLUDE:

- DANCE CLASSES

- TAE KWON DO

- PILATES/YOGA

- WALKING GROUPS

- SELF-WORTH WORKSHOPS

- NUTRITION PROGRAM

- HEALTHY LIFESTYLES CLASSES

- YOUTH SPORTS, CAMPS, AND AQUATICS

- GOLF TOURNAMENTS

- 10K RACES

- CERTIFIED AEROBICS CLASSES

- ALL SERVICES ENLISTED BASEBALL

- KIDS OLYMPICS

- SOAP BOX DERBY

THE ANGELS OF THE BATTLEFIELD EVENT GALA IS AN ARMED SERVICES YMCA

SIGNATURE EVENT THAT HIGHLIGHTS THE MEDICS, CORPSMEN AND PARARESCUEMEN

ON THE FRONTLINES WHO ARE SAVING LIVES AND DEMONSTRATING EXTRAORDINARY

COURAGE. THIS MEMORABLE EVENT IS HELD EACH FALL.

EXPENSES \$ 2,598,774. INCLUDING GRANTS OF \$ 0. REVENUE \$ 146,573.

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

Employer identification number  
91-1883466

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

THE REVIEW IS CONDUCTED IN JUNE BY THE FINANCE/AUDIT COMMITTEE BEFORE THE  
IRS 990 IS SIGNED BY THE CEO AND SUBMITTED TO THE IRS.

THE VERBIAGE ON THE GOVERNANCE AND MANAGEMENT DISCLOSURES IS REVIEWED AND  
MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR  
ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.

THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED  
FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE  
COMPENSATION AND PROGRAM/MISSION ACCOMPLISHMENT, THAT THE ADMINISTRATIVE  
AND FUNDRAISING RATIOS FALL WITHIN APPROVED BOARD GUIDANCE, THAT ALL  
GOVERNANCE AND COMPENSATION QUESTIONS WITHIN THE 990 ARE PROPERLY  
DOCUMENTED, AND THAT ALL PUBLIC DISCLOSURE DOCUMENTS ARE MADE AVAILABLE TO  
THE PUBLIC ON THE ASYMCA WEBSITE AND THAT THREE YEARS OF AUDITED FINANCIALS  
AND IRS 990'S ARE POSTED FOR PUBLIC REVIEW. THE FINANCE/AUDIT COMMITTEES  
THEN BRIEFS THE ENTIRE BOARD OF DIRECTORS ON THEIR REVIEW OF THE CURRENT  
IRS 990 AND ANY DISCREPANCIES NOTED. COPIES OF THE IRS 990 ARE MADE  
AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR PERSONAL REVIEW AND TO  
RESOLVE ANY QUESTIONS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL BOARD  
MEETING EACH YEAR. DURING THE BOARD MEETING ALL BOARD DIRECTORS MUST  
COMPLETE AND SIGN THE NEW FORM BEFORE THE MEETING ADJOURNS. THE FORMS ARE  
REVIEWED AND FILED WITH THE BOARD MINUTES FOR THAT YEAR. ANY BOARD MEMBERS  
NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WILL

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

Employer identification number  
91-1883466

BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND  
FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (CEO, COO AND CFO) ALSO  
COMPLETE THE CONFLICT OF INTEREST FORMS. THE EXECUTIVE DIRECTORS OF EACH  
ASYMCA BRANCH ALSO COMPLETE A NEW FORM EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE HEADQUARTERS COO GATHERS ALL COMPARABILITY DATA FROM THE YMCA OF THE  
USA AND OUTSIDE NON-PROFIT ORGANIZATIONS OF LIKED SIZE AND SCOPE AND  
GEOGRAPHIC LOCATION. THE HEADQUARTERS COO PROVIDES THAT DATA, ALONG WITH  
THE Y-USA RECOMMENDED GENERAL SALARY INCREASE TO THE BRANCH BOARD CHAIRMAN  
FOR USE IN THEIR EVALUATION AND COMPENSATION REVIEW PROCESS.

THE LOCAL BRANCH BOARDS EACH DO AN INDEPENDENT EVALUATION OF THE EXECUTIVE  
DIRECTOR BASED ON THE ED EVALUATION AND COMPENSATION PACKAGE PROVIDED BY  
THE COO. THESE EVALUATIONS ARE COMPILED INTO ONE DOCUMENT WHICH CONTAINS  
THE EVALUATION AND THE RECOMMENDATION FOR COMPENSATION FOR THE NEW YEAR.  
THE EVALUATIONS AND PAY RECOMMENDATIONS ARE SENT BACK TO HEADQUARTERS FOR  
REVIEW BY THE CEO AND THEN FILING IN THE OFFICIAL EMPLOYEE RECORD.

AT A REGULAR MEETING OF THE LOCAL BOARD, THE BOARD OF DIRECTORS VOTE ON THE  
EXECUTIVE DIRECTOR COMPENSATION PACKAGE AND DETERMINE THAT THE  
COMPENSATION IS NOT EXCESSIVE. THE DETERMINATION THAT THE ED COMPENSATION  
IS NOT EXCESSIVE IS THEN DOCUMENTED IN THE MINUTES OF THE LOCAL BOARD  
MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THROUGH OUR WEBSITE [HTTP:WWW.ASYMCA.ORG](http://WWW.ASYMCA.ORG)

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTEREST RATE SWAP -330,172.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. ARMED SERVICES YMCA OF THE USA GROUP RETURN	Taxpayer identification number (TIN)  91-1883466
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14040 CENTRAL LOOP, SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBRIDGE, VA 22193	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DON KANDEL, CHIEF FINANCIAL OFFICER/ADMINISTRATION OFFICER

- The books are in the care of ▶ 14040 CENTRAL LOOP, SUITE B - WOODBRIDGE, VA 22193  
Telephone No. ▶ (571) 932-3208 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9372. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2020 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.