** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	e 2023 calendar year, or tax year beginning	and	l ending	_			
	Check if applicable	C Name of organization			D Emp	loyer iden	tificat	tion number
Г	Addres							
F	Name change] 3	36-327434	16	
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Teler	ohone num	ber	
F	Final return/	14040 CENTRAL LOOP		В		6-427-96		
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$		7,786,831.
	Ameno				H(a) is t	this a group	o retu	rn
	Applic tion	F Name and address of principal officer: "+""	IAM D. FRENCH			subordina		
	pendir	SAME AS C ABOVE			H(b) Are	all subordinate	es inclu	ded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527				t. See instructions
J	Websit	e: ASYMCA.ORG			H(c) Gro	oup exemp	tion n	number
K	orm of	organization: X Corporation Trust As	ssociation Other	L Year	of formatio	on: 1983	M S	state of legal domicile; IL
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most	significant activities: THE AF	RMED SERVI	CES YMO	CA ENHAN	CES	
Governance		THE LIVES OF MILITARY MEMBERS AND THE						
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25%	6 of its net	assets	S.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)				3	39
		Number of independent voting members of the gov	verning body (Part VI, line 1b)				4	39
es &	5	Total number of individuals employed in calendar y	vear 2023 (Part V, line 2a)				5	35
Vi t i	6	Total number of volunteers (estimate if necessary)					6	39
Activities &	7 a	Total unrelated business revenue from Part VIII, co					7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····			7b	0.
						Year	_	Current Year
ē	8				9	9,569,47		6,987,358.
enc	9						0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				591,77		773,669.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-203,23	_	-439,140.	
		Total revenue - add lines 8 through 11 (must equal	• • • • • • • • • • • • • • • • • • • •			9,958,01		7,321,887.
		Grants and similar amounts paid (Part IX, column (2,839,24		2,601,694.
		Benefits paid to or for members (Part IX, column (A					0.	0.
es	15	Salaries, other compensation, employee benefits (F			-	3,472,10		3,857,736.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I				576,51	/٠	2,014,174.
Ä	b	Total fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·			4 1EC 16	2	2 604 620
	17	Other expenses (Part IX, column (A), lines 11a-11d,		I .		4,156,16		3,694,638.
		Total expenses. Add lines 13-17 (must equal Part I)				1,044,02	_	12,168,242.
	19	Revenue less expenses. Subtract line 18 from line	12			1 , 086 , 01 Current Yea		-4,846,355. End of Year
Net Assets or	00	Tatal accests (Dart V. line 16)		D6		9,841,29	_	28,874,262.
SSe	20	Total liabilities (Part X, line 16)				2,791,55		3,947,384.
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	lino 20			7,049,73		24,926,878.
P	art II	Signature Block	IIIIe 20			,,015,,75	•	21,320,070.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and stateme	ents and to	o the hest of	mv kn	owledge and helief it is
		t, and complete. Declaration of preparer (other than office					,	owiougo ana sonon, it io
	,							
Sig	n	Signature of officer				Date		
Her		WILLIAM D. FRENCH, PRESIDENT AND CEO						
	_	Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN
Paid	j	KRISTEN BARNETT	0	8/26/24	if self-em	ployed	P01234578	
	parer	Firm's name RSM US LLP		Firm's EIN 42-0714325				
	Only	Firm's address 1001 WATER ST. STE. 500						 -
	-	TAMPA, FL 33602				Phone no.8	13-3	16-2300
Ma	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions		-			X Yes No

Par	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 🗓 Yes	٧o
	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.	
	(Code:) (Expenses \$2,741,030. including grants of \$1,092,711.) (Revenue \$	_
	PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIES:	
	ASYMCA STRIVES TO INCREASE MILITARY FAMILY RESILIENCE AND MISSION	
	READINESS THROUGH A VARIETY OF PROGRAMS AND SERVICES FOR ACTIVE DUTY	
	SERVICE MEMBERS, SPOUSES AND THEIR CHILDREN, WITH A PARTICULAR FOCUS ON	
	JUNIOR ENLISTED FAMILIES. THESE PROGRAMS AND SERVICES COMBAT STRESS AND	
	ISOLATION BY BRINGING FAMILIES CLOSER TOGETHER WHILE AT HOME AND DURING	
	DEPLOYMENT OR OTHER SEPARATIONS.	
	IN 2023, THE ASYMCA SERVED MORE THAN 337,000 MILITARY FAMILIES AND	
	PROVIDED MORE THAN 1.2 MILLION POINTS OF SERVICE THROUGH NO COST AND	
	LOW COST PROGRAMS AND SERVICES RELEVANT TO THE UNIQUE CHALLENGES OF	
	MILITARY LIFE. THE FOLLOWING ARE CORE PROGRAMS, CORE SERVICES, AND	
	(Code:) (Expenses \$ 2 ,126 ,022 . including grants of \$ 847 ,538 .) (Revenue \$	_
	CHILD CARE PROGRAMS:	
	ASYMCA OFFERS A VARIETY OF AFFORDABLE, ACCESSIBLE AND QUALITY CHILD	
	CARE, CHILD DEVELOPMENT AND EARLY LEARNING EDUCATIONAL PROGRAMS THAT HELP TO ACHIEVE TWO PRIMARY GOALS FOR BOTH MILITARY CHILDREN AND	
	PARENTS, WHICH ARE TO INSTILL ACADEMIC ACHIEVEMENT AND SOCIAL EMOTIONAL	
	SKILLS TO SET THEM UP FOR FUTURE SUCCESS AND TO PROVIDE ESSENTIAL CHILD	_
	CARE SERVICES NEEDED TO SUPPORT MILITARY SPOUSE EMPLOYMENT AND/OR	
	CONTINUING EDUCATION OPPORTUNITIES. CHILD CARE, DEVELOPMENT AND EARLY	
	LEARNING ARE OFFERED ON-SITE THROUGH ASYMCA BRANCHES AND AFFILIATES AT	
	CHILD DEVELOPMENT CENTERS, PROGRAMS SITES, SCHOOL SITES AND MEDICAL	_
	TREATMENT FACILITIES LOCATED ON OR OFF INSTALLATIONS.	
4c	(Code:) (Expenses \$ 1,249,113. including grants of \$ 497,959.) (Revenue \$	
	EDUCATIONAL ASSISTANCE PROGRAMS:	_
	ONE OF ASYMCA'S HALLMARK PROGRAMS IS OPERATION HERO, AN AFTER-SCHOOL	
	ENRICHMENT PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO	
	ARE EXPERIENCING EITHER SOCIAL AND/OR ACADEMIC CHALLENGES IN SCHOOL,	
	WHICH ARE OFTEN THE RESULT OF FREQUENT MOVES AND FAMILY SEPARATIONS.	
	WITH PARTICIPANTS REFERRED BY TEACHERS, PARENTS, OR OTHER CARING	
	ADULTS, THE 10-WEEK PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND	
	MENTORING IN A SMALL GROUP WITH TRAINED FACILITATORS. OPERATION HERO	
	FACILITATES A SAFE AND POSITIVE ENVIRONMENT, INSTILLS SELF ESTEEM,	
	ENCOURAGES RESPONSIBLE BEHAVIORS, AND HELPS CHILDREN THRIVE IN SCHOOL	
	AND AT HOME. IN 2023, MORE THAN 1,600 STUDENTS PARTICIPATED IN	
	OPERATION HERO. OVERALL, IN 2023, THE ASYMCA PROVIDED MORE THAN 800,000	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ 410,098. including grants of \$ 163,485.) (Revenue \$	
40	Total program contico expenses 6 526 263	

Form 990 (2023) ARMED SERVICES YMCA OF THE USA Part IV Checklist of Required Schedules

 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election during the tax year? If "Yes," complete Schedule C, Part III. Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment similar armounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the fit provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodia amounts not listed in Part X; or provide cordit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV. If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments - organization in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII. Did the organization repo				Yes	No
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 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidat public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization as section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessmer similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any doorn advised funds or any similar funds or accounts for which donors have the rife provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 7 Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 If the organization report an amount for investments - other securities in Part X, li		If "Yes," complete Schedule A	1	X	
public office? If "Yes," complete Schedule C, Part II Section 501(x)3) organizations. Did the organization engage in lobbying activities, or have a section 501(t)t) election during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment similar amounts as defined in Rev. Proc. 98 179! If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule Did the organization maintain any donor advised funds or accounts? If "Yes," complete Schedule Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comp. Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV Did the organization service or the top of the following questions is "Yes," then complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, I as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - organization in Part X, line 10; If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other sesses in Part X, line 12; that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15; that is 5% or more of its to assets reported in Part X, line 16? If "Ye	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election during the tax year? If "Yes," complete Schedule C, Part III. 5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessment similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ris provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 7. Did the organization receive or hold a conservation essement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV. 10. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V. 11. If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SI, VIII, VIII, III, as applicable. 12. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XIII. 13. Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part XIII. 14. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedul	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessmer similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III bit the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, bit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III bit the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodia amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV bit the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI bid the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII bid the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII bid the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII bid the organization report an amount for other assets in Part X, line 15, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete		public office? If "Yes," complete Schedule C, Part I	3		X
 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessmer similar amounts as defined in Rev. Proc. 98.19? // "yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the rig provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of the organization report on the distribution or investment in collections. It is a supplementation of the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part IV 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodia amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic // "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? "Yes," complete Schedule D, Part VI 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its to assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its to assets reported in Part X, line 16? // "Yes," complete Schedule D, Part XI 14 Did the organization in Fig. 10 (In the Part X) (In 10 (In 10	4				
similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ris provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodia amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic If "Yes," complete Schedule D, Part IV Did the organization service by or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, It as a applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more of its to assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for other assets in Part X, line 15, It at is 5% or more of its tot assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII b Did the organization report an amount for other asset			4		X
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provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "yes," complete Schedule D, Part II 10 the organization maintain collections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part II 10 the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodial amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation servic If "yes," complete Schedule D, Part IV 10 the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "yes," complete Schedule D, Part V 11 the organization in sense or any of the following questions is "Yes," then complete Schedule D, Part V 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V 12 to the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its tor assets reported in Part X, line 16? If "yes," complete Schedule D, Part VII 10 the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its tor assets reported in Part X, line 16? If "yes," complete Schedule D, Part VIII 10 the organization report an amount for other assets in Part X, line 15, that is 5% or more of its tot assets reported in Part X, line 16? If "yes," complete Schedule D, Part XII 10 the organization report an amount for other assets in Part X, line 15? If "yes," complete Schedule D, Part XII 10 the organization report an amount for other assets in Part X, line 15? If "yes," complete Schedule D, Part XII 10 the organization report an amount for other assets in Part X,			5		X
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		· ,	20b		
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2023) ARMED SERVICES YMCA OF THE USA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_		
	Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V			
,	Establis and the control of the 2 of Establish 2 of		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 31 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0	-		
b	Enter the number of Forms W 2d included of fine ra. Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	MARITHMAN WITHING TO DITCE WITHERS:	I IC	41	r .

Form 990 (2023)

ARMED SERVICES YMCA OF THE USA

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

28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 2a 35 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 35 18 If the capturation have unrelated business gross is some of \$1.000 or more during the lywar? 3a 3a X X If Yes, * has it filed a Form 980°F for this year? If Wo * to line 3b, provide an explanation on Schedule O 3b				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 Did the organization have unreliated business gross incore of 51,000 or more during the year? 30 Did the organization have unreliated business gross incore of 51,000 or more during the year? 30 Did and y tax third a form 990 10 for this year? 9' N/o' to file 3b, provide an explanation on Schedule 0 30 Did and y tax out the dark of 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 accounts (FBAR). 30 Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 31 Did any taxable party notify the organization that I was or is a party to a prohibited tax shelter transaction? 32 Did was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 33 Did be did to the organization file form 88851? 34 Did any taxable party notify the organization file form 88851? 35 Did was the organization and organization file form 88851? 36 Dees the organization include with every solicitation an express statement that such contributions or gifts were not tax diductibles? 35 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax diductible? 36 Did the organization include with every solicitation and express statement that such contributions or gifts were not tax diductible? 36 Did the organization include with every solicitation and express statement that such contributions or gifts were not tax diductibles? 37 Did the organization selection of the value of the goods or services provided? 38 Did the organization selection and party tax solicitation and party tax contributions or gifts were not tax decentributions or for was the goods or services provided? 38 Did the organization selection of	2a				
33 Did the organization have unrelated business gross income of \$1,000 or more during the year? 34 If Yes, * has it filled a Form 9901 for this year? * / No* to line 3b, provide an explanation on Schedule O 35 If Yes, * the unity the ceanage 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 accounts? 36 If Yes, * I filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 37 If Yes, * I filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 38 Was the organization party to a prohibited tax scheler transaction at any time during the tax year? 39 If Yes, * I fill the Sar Sb, did the organization that it was or is a party to a prohibited tax scheler transaction? 30 If Yes, * I fill the Sar Sb, did the organization that it was or is a party to a prohibited tax scheler transaction or scheler than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions? 30 If Yes, * I fill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 30 Organization that many receive deductible contributions under section 170(c). 31 If Yes, * I fill the organization relates a pryment in access of \$75 made party as a contribution or party for which it was required to file Form 8882? 31 If Yes, * I fill the organization solicity the chorr of the value of the goods or services provided? 32 If Yes, * I fill the organization relative the contribution of qualified intellectual property, did the organization the party and the organization relates and the party of the organization relates and the party of the organization relative and the party of the organization relates and the party of the organization relates and the party of the organization file form 888 10 In the organization rela		med for the calcindar year change with or within the year covered by this return			
b If "Yes," has it filled a Form 990 T for this year? If "No" to line 30, provide an explanation on Schedule O 4. A lary time during the calendar year, and 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)? 5.0 If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5.0 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.0 If "Yes" to line 5a or 5b, did the organization time from 8886 T? 5.0 If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 5.0 If "Yes" to line 5a or 5b, did the organization file Form 8886 T? 5.1 If "Yes," did the organization that was or is a party to a prohibited tax shelter transaction? 5.2 If "Yes," did the organization that was or is a party to a prohibited tax shelter transaction? 5.0 If "Yes," did the organization that was or is a party to a contributions or gifts were not tax deductible. 5.0 If the organization state may receive deductible contributions under section 170(c). 5.1 If the organization tax is a supplied in access of 53 made party as a contribution and party to goods and services provided to the payor? 5.0 If the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 5.1 If "Yes," did the organization nearly in the organization seel, exchange, or otherwise loopse of tangible personal property for which it was required to file Form 8882? If yee, and the organization seel contribution of qualified intellectual property, did the organization florest personal property for which it was required? 6.1 If Yes, "idea the organization was personal benefit contract? 7.2 If the organization exceived a contribution of orac, social, and personal property for which it was required? 8.1 If the o				X	37
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Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 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? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17					
15 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? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17					Х
excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X 19 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 PA			14b		
If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	15				v
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17			15		X
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 N/A 19 17	40		40		v
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16	-	16		^
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17				
	17		17		
			- 17		

Form 990 (2023)

ARMED SERVICES YMCA OF THE USA

Page
Part VI

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

							X
Sec	tion A. Governing Body and Management						
				ا م م آ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		39			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent			39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	ne or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before	e filing the form?	,	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ensuremath{\mathit{H}}$ "	Yes," de	escribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?			[13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedAK,CA,HI,IL,KY,MO,I	NC,OK,	TX,VA,WA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and	financ	cial	
	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 bo	oks and	records				
	HOLLY ROBERTSON, VP OF FINANCE AND CHRIS HALEY, COS - 866-427-9622						
	14040 CENTRAL LOOP R WOODRRINGE 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck ss per	ition		one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) VADM WILLIAM FRENCH, USN (RET) PRESIDENT/CEO	60.00	-		x				369,132.	0.	20 020
(2) DORENE OCAMB	60.00			Λ				309,132.	0.	39,828.
CHIEF DEVELOPMENT CENTER	00.00	-			x			229,194.	0.	48,150.
(3) CHARLES WILLIAMS	60.00				21			225,154.	••	40,130.
COO & CHIEF PROGRAMS OFFICER	00,00	1			x			210,936.	0.	25,093.
(4) WILLIAM ZAMAGNI	60.00									
CFO				х				231,312.	0.	0.
(5) CHRISTOPHER HALEY	60.00							,		
CHIEF OF STAFF & CHIEF MKTG OFFICER		1			х			198,301.	0.	24,170.
(6) JENNIFER NIZER	60.00							,		· · · · · · · · · · · · · · · · · · ·
SVP CHILD & YOUTH PROGRAMS		1				Х		167,711.	0.	19,251.
(7) TARA INGRAM	60.00									
VP DEVELOPMENT						Х		162,554.	0.	23,262.
(8) AMY GEORGE	60.00									
VP OF PROGRAMS						Х		146,749.	0.	25,956.
(9) MELISSA KELLEY	60.00									
CHIEF HUMAN RESOURCES OFFICER						Х		148,414.	0.	14,716.
(10) HOLLY ROBERTSON	60.00									
VP FINANCE						Х		137,518.	0.	19,056.
(11) LTG DAVID D. HALVERSON, USA, RE	1.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(12) GEN ROBERT BROOKS BROWN, USA, R	1.00									
VICE CHAIRMAN	1.00	Х		Х				0.	0.	0.
(13) ROBERT K. BURKE	1.00	-								
TREASURER	1.00	Х		Х				0.	0.	0.
(14) MEG O'GRADY	1.00									_
SECRETARY	1.00	Х		Х				0.	0.	0.
(15) TIM K. ALLEN	1.00							_		2
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(16) RADM ANNIE ANDREWS, USN (RET)	1.00	x						0.	0.	^
NATIONAL BOARD MEMBER (17) VADM JOHN M BIRD, USN (RET)	1.00	^						0.	0.	0.
NATIONAL BOARD MEMBER	1.00	X						0.	0.	0.
WILLOWND DOWND RENDER	1.00	Δ.						0.	0.	٠.

332007 12-21-23 Form **990** (2023)

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Form 990 (2023) ARMED SERVICE									36-32/434	b Page c
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hi	ghes	st Co	ompensated Employee	s (continued)	
(A)	(D)	(E)	(F)							
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	amount of
	week		cer ar	la a a	recid	or/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee ee	m pen		1099-NEC)	1099-1120)	and related
	below	dual t	utiona	_	nploy	st co	e e	,		organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			3
(18) HENRY (NMN) BONILLA	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(19) VADM JODY BRECKENRIDGE, USCG (R	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(20) COL JOHN D. BUTLER, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(21) RICARDO J. CHAMORRO	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(22) JO A. DECKER	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(23) MAJ GEN SHARON K. DUNBAR, USAF	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(24) LGEN JASON EVANS, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(25) LARRY G. HUGHES	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(26) ANDREA D. INSERRA	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
1b Subtotal								2,001,821.	0.	239,482.
c Total from continuation sheets to Part VI	I, Section A	0.	0.	0.						
d Total (add lines 1b and 1c)								2,001,821.	0.	239,482.

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

Per No
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Jid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S 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)	(B)	(C)
Name and business address	Description of services	Compensation
GLOBALFACES DIRECT, 30 LESMILL RD., STE.		
2, TORONTO, ONTARIO, M3B 2T6, CANADA	MARKETING/FUNDRAISING SERVICES	769,011.
CDR FUNDRAISING GROUP	DIRECT MAILERS/STRATEGY &	
P.O. BOX 828, LANHAM, MD 20706	ACCOUNT MANAGE	719,564.
STREETLIGHT DIGITAL	FUNDRAISING STRATEGY/PHOTO	
13396 LAFAYETTE WAY, THORNTON, CO 80241	SHOOT	370,555.
DESIGN DATA, 610 PROFESSIONAL DR., STE.		
102, GAITHERSBURG, MD 20879	OUTSOURCED IT	302,579.
DIGITAL MEDIA SOLUTIONS LLC, 4800 140TH		
AVE. N, STE. 101, CLEARWATER, FL 33762	SUSTAINING DONOR SERVICES	257,640.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 of compensation from the organization	7	
GDD DADE ULT GDGDTON A GOVERNMAND GUDDDG		000

Part VII Section A. Officers, Directors, Tru	IIDIO	yee			iigiii	651 ((E)		
(A)	(B)				C) ition			(D)	(E)	(F)
Name and title	Average hours	(6)			ition that		LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0)	IECN	all	liiai	арр	iy)	from	from related	other
	week					9		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or director				ted er		(W-2/1099-MISC)		organization
	related	stee c	ruste			oen sa				and related
	organizations	al tru	onal t		, em ployee	comp				organizations
	below	Individual trustee	Institutional trustee	Officer	y emp	Highest compensated employee	Former			
	line)	트	su	#0	Key	ı≝	혼			
(27) NEIL A. JARVIS	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(28) RADM ANTHONY M. KURTA, USN, RET	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(29) CHARLOTTE LA BELLE, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(30) COL JEREMY M. MARTIN, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(31) ROXANNE E. MOORE	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(32) CHRIS PADILLA	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(33) COL TERRI W. PAGE, USAF (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(34) TIM R. PAYNTER, USN, (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	x						0.	0.	0
(35) KATE R. BOYCE REEDER	1.00								-	
NATIONAL BOARD MEMBER	1.00	x						0.	0.	0
(36) KAT C. SADEGHI	1.00							0.	••	•
NATIONAL BOARD MEMBER	1.00	x						0.	0.	0
(37) DAVE J. SCANLAN	1.00	^						0.	0.	0
								0	0	0
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(38) LAUREN I. STEVENS	1.00								•	
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(39) LTC RANDY M. STILLINGER, ANG	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(40) MITCHELL B. WALDMAN	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(41) BOYD A. WILLIAMS	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(42) HEATHER T. WILSON	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(43) RADM JESSE WILSON, USN (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	х		<u>_</u>		<u>_</u>	<u></u>	0.	0.	0
(44) COL WILLIAM H. ZEMP, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0
(45) STEVE R. BROWNE	1.00									
BRANCH REPRESENTATIVE	1.00	х						0.	0.	0
(46) KEITH J. MANTERNACH	1.00									
BRANCH REPRESENTATIVE	1.00	х						0.	0.	0

Form 990 ARMED SERVICE	S IMCA OF	1115	U.S.	A					36-32/43	140
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)				C)			(D)	(E)	(F)	
Name and title	(B) Average				ition			Reportable	Reportable	Estimated
Name and title	hours	(cl			that		LΛ	compensation	compensation	amount of
		(CI	ICCr	all	lilat	арр	iy <i>)</i>	」	from related	other
	per					-		from		
	week	_				loyee		the	organizations	compensation
	(list any	rectc				emp		organization	(W-2/1099-MISC)	from the
	hours for	ord	es.			ated		(W-2/1099-MISC)		organization
	related	stee	ruste		a.	bens				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidu	itati	Je .	emp	nest (Former			1
	line)	Ē	Inst	Officer	Key	Hig	퉏			1
(47) JOEL A. VARGAS, LCR, USN (RET)	1.00									
BRANCH REPRESENTATIVE	1.00	х						0.	0.	0
		Α.						0.	0.	
(48) COL TODD FOX, USA (RET)	1.00	-								
BRANCH REPRESENTATIVE	1.00	Х						0.	0.	0
(49) BGEN JAY GOTHARD, USA (RET)	1.00									
BRANCH REPRESENTATIVE	1.00	х						0.	0.	0
		-							•	
		-								
		1								1
		-								
		1								1
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Total to Part VII, Section A, line 1c										
								1		

Form 990 (2023) ARMED SERV.

Part VIII Statement of Revenue

			Check if Schedule O cor	ntains a	response o	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
ω ω	-	_	Federated campaigns		1a	125.				
Contributions, Gifts, Grants and Other Similar Amounts					1b					
يج ق			Membership dues		1c	685,953.				
Ţ\$,			Fundraising events			003,333.				
텵			Related organizations		1d	306,644.				
ns, Sim			Government grants (contribu		1e	300,044.				
atio		Ť	All other contributions, gifts, gra			E 004 636				
들 된			similar amounts not included ab		1f	5,994,636.				
ont Od		_	Noncash contributions included in line	s 1a-1f	1g \$	421,066.	6 000 350			
<u>0</u> <u>e</u>		h	Total. Add lines 1a-1f				6,987,358.			
						Business Code				
Se	2	а								
ē Zi		b								
Sen		С								
ev.		d								
Program Service Revenue		е								
₽		f	All other program service rev	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including	g divide	nds, interes	st, and				
			other similar amounts)				583,459.			583,459.
	4		Income from investment of ta							
	5		Royalties		-					
			,	(i	i) Real	(ii) Personal				
	6	а	Gross rents6	а						
			Less: rental expenses 6	b						
			Rental income or (loss) 6							
			Net rental income or (loss)							
			Gross amount from sales of		ecurities	(ii) Other				
	•	u		- '	190,210.	()				
		h	Less: cost or other basis	ч	,					
ø		D		h	0.					
ž		_	and sales expenses 7 Gain or (loss) 7		190,210.					
her Revenue			· /				190,210.			190,210.
<u>ت</u> ۳			Net gain or (loss)				150,210.			130,210.
	8	а	Gross income from fundraising							
Ò			including \$ 685		-					
			contributions reported on lin	,		0				
			Part IV, line 18			0. 464,944.				
			Less: direct expenses			404,944.	464 044			-464,944.
			Net income or (loss) from fur				-464,944.			-464,944.
	9	а	Gross income from gaming a			6 050				
			Part IV, line 19			6,050.				
			Less: direct expenses			0.	6.050			6.050
			Net income or (loss) from gar				6,050.			6,050.
	10	а	Gross sales of inventory, less							
			and allowances		10a					
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sal	es of in	ventory					
ွ						Business Code				
o G	11	а	OTHER REVENUE			900099	19,754.			19,754.
Miscellaneous Revenue		b								
eve		С								
Aisc B		d	All other revenue							
2			Total. Add lines 11a-11d				19,754.			
	12		Total revenue. See instructions				7,321,887.	0.	0.	334,529.

36-3274346

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).

	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			J 1	
	and domestic governments. See Part IV, line 21	2,601,694.	2,601,694.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,382,818.	721,427.	499,233.	162,158.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,037,205.	1,075,003.	722,868.	239,334.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	107,911.	50,120.	45,359.	12,432.
9	Other employee benefits	106,503.	49,466.	44,767.	12,270.
10	Payroll taxes	223,299.	103,713.	93,861.	25,725.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	41,530.	13,436.	24,240.	3,854.
С	Accounting	69,045.	22,338.	40,300.	6,407.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2,014,174.			2,014,174.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	510,490.	165,158.	297,960.	47,372.
12	Advertising and promotion	339,746.	121,595.	161,051.	57,100.
13	Office expenses	421,194.	141,761.	206,374.	73,059.
14	Information technology	337,133.	41,895.	281,334.	13,904.
15	Royalties	224 244	0.5	201 272	F4.0
16	Occupancy	221,814.	25.	221,279.	510.
17	Travel	510,619.	349,598.	139,069.	21,952.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expanses, Itamiza expanses not equated				
24	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 0.) DONATED MATERIALS	421,065.	388,567.	32,498.	
a L	REPAIRS & MAINTENANCE	19,386.	638.	18,748.	
D	PROGRAM SUPPLIES	14,585.	0.50.	1,999.	12,586.
c d	MEMBERSHIP DUES	3,888.	275.	1,713.	1,900.
		784,143.	679,554.	104,589.	1,500.
e 25	All other expenses	12,168,242.	6,526,263.	2,937,242.	2,704,737.
26	Joint costs. Complete this line only if the organization	,,	5,525,255.	-,,	=,,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2222)

Form **990** (2023)

Form 990 (2023) Part X Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any lin	e in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1				
	2	Savings and temporary cash investments				1,895,638.	2	1,373,713.
	3	Pledges and grants receivable, net				1,143,595.	3	600,558
	4	Accounts receivable, net				1,019,159.	4	153,151
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su	ıbstanti	al cont	ributor, or 35%			
		controlled entity or family member of any of t	hese pe	rsons			5	
	6	Loans and other receivables from other disqu	ualified	erson				
		under section 4958(f)(1)), and persons describ	bed in s	ection	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Duran diel ausgeschaft der				323,521.	9	156,401
	10a	Land, buildings, and equipment: cost or othe						
		basis. Complete Part VI of Schedule D		а	787,334.			
	b	Less: accumulated depreciation		b	787,334.	0.	10c	0
	11	Investments - publicly traded securities				9,678,991.	11	9,559,367
	12	Investments - other securities. See Part IV, lir				13,508,910.	12	15,039,661
	13	Investments - program-related. See Part IV, lii					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				2,271,476.	15	1,991,411
	16	Total assets. Add lines 1 through 15 (must e				29,841,290.	16	28,874,262
	17	17 Accounts payable and accrued expenses				2,649,253.	17	3,808,919
	18						18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
s	22	Loans and other payables to any current or fo	ormer o	fficer,				
Liabilities		trustee, key employee, creator or founder, su	ıbstanti	al cont	ributor, or 35%			
iqe		controlled entity or family member of any of t					22	
Ë	23	Secured mortgages and notes payable to uni					23	
	24	Unsecured notes and loans payable to unrela	ated thi	d parti		142,298.	24	138,465
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on li	nes 17-	24). Cc	mplete Part X			
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				2,791,551.	26	3,947,384.
		Organizations that follow FASB ASC 958, o	check h	ere	X			
Ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions				25,280,342.	27	24,062,956.
Bal	28	Net assets with donor restrictions				1,769,397.	28	863,922.
nd		Organizations that do not follow FASB ASG						
Ī		and complete lines 29 through 33.						
, o	29	Capital stock or trust principal, or current fun	nds				29	
set	30	Paid-in or capital surplus, or land, building, or					30	
As	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				27,049,739.	32	24,926,878.
_	33	Total liabilities and net assets/fund balances				29,841,290.	33	28,874,262.

Form **990** (2023)

Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	321,	887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	168,	242.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,	846,	355.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,	049,	739.
5	Net unrealized gains (losses) on investments	5	2,	723,	494.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	24,	926,	878.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

	ARMED SERVICES YMCA OF THE USA						36-3274346		
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general ¡	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of the	ne college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	· ·	•	-			•	
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that o	* *			-		-	
ŧ	a <u>L</u>		· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority o	of the direc	tors or trustees	s of the su	pporting
		organization. You must o						, , , ,	
k	□		•				-		-
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus				e:			J 245
(;		-				-	integrate	ed with,
		its supported organization		•					
(t	☐ Type III non-functionally	•					•	. ,
		that is not functionally int	•	,	•		•	an attentiv	/eriess
,		requirement (see instructi Check this box if the orga	•	-				Type III	
•	· L	functionally integrated, or					Type I, Type II,	, туре п	
1	f Ent	er the number of supported of	ranizations		ig organiz	ation.			
		vide the following information	•	ed organization(s).					
_		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of r	nonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
				above (see mondonomy)					
Tot	al								

332021 12-21-23

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,917,625.	6,680,925.	8,252,463.	9,569,477.	6,987,358.	38,407,848.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,917,625.	6,680,925.	8,252,463.	9,569,477.	6,987,358.	38,407,848.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,663,328.
6	Public support. Subtract line 5 from line 4.						35,744,520.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	6,917,625.	6,680,925.	8,252,463.	9,569,477.	6,987,358.	38,407,848.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	596,757.	494,078.	530,865.	587,200.	583,459.	2,792,359.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			2,118,320.	22,862.	25,804.	2,166,986.
11	Total support. Add lines 7 through 10						43,367,193.
	Gross receipts from related activities,	etc. (see instructio	ns)	-		12	2,839.
	First 5 years. If the Form 990 is for the	·='		ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi		_				
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	82.42 %
	Public support percentage from 2022					15	82.69 %
	33 1/3% support test - 2023. If the o					ore, check this box	and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2022. If the o	organization did not	check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part \	/I how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pub	olicly supported or	ganization		
b	10% -facts-and-circumstances test	-	· ·	*			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 1 <mark>7b</mark> ,	, check this box ar		

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
_							
	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					0.4/00/	<u>%</u>
19a	33 1/3% support tests - 2023. If the						/ is not
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19:	a, or 19b, check th	ns box and see ins	tructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes." provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
та		
41:		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (Fori	n 990)	2023

Sche	dule A (Form 990) 2023 ARMED SERVICES YMCA OF THE USA	36-3274346	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	directors, or trustees at all times during the tax year? 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 support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among to			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? 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.	2		
Sec	tion C. Type II Supporting Organizations			1
			Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			I
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see instruction	is).	I
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Part	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	_
Section	on 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see
	instructions).	, , ,	59-	`

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp									
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.		,	7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2023 from Section C, line 6		!	9						
10	Line 8 amount divided by line 9 amount	T	1	10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions		(iii) Distributable					
		Excess Bleating and the	Pre-2023		Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
a	From 2018									
b	From 2019									
C	From 2020									
d	From 2021									
е	From 2022									
	Total of lines 3a through 3e									
	Applied to underdistributions of prior years									
h	Applied to 2023 distributable amount									
<u>i</u> _	Carryover from 2018 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2023 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2023, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c. Breakdown of line 7:									
8	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
	Excess from 2022									
	Excess from 2023									

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ARMED SERVICES YMCA OF THE USA	36-3274346	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C, art V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
EMPLOYEE RETENTION CREDIT		
2021 AMOUNT: \$ 2,111,679.		
OTHER INCOME		
2021 AMOUNT: \$ 6,641.		
2022 AMOUNT: \$ 22,862.		
2023 AMOUNT: \$ 25,804.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

ARMED SERVICES YMCA OF THE USA 36-3274346 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

ARMED SERVICES YMCA OF THE USA

36-3274346

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

ARMED SERVICES YMCA OF THE USA

36-3274346

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					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

Name of o	rganization		Employer identification number		
ARMED SE	RVICES YMCA OF THE USA		36-3274346		
Part III		through (e) and the following line ent naritable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	t 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		
	Transferee's name, address, an	(e) Transfer of gif	t 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		
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	er of gift 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		
	Transferee's name, address, an	t Relationship of transferor to transferee			

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 Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

Employer identification number

36 - 3274346

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	• • •	
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space		.f
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	led conservation contribution in the form of	Held at the End of the Tax Year
_			
_	Total number of conservation easements		
b	•	ucture included on line 2e	
	Number of conservation easements on a certified historic strunder of conservation easements included on line 2c acqui		2C
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	sassa, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
۰	Does each conservation easement reported on line 2d above	action the vacuirements of acction 170/h)	(A)(D)(i)
8	·	• • •	
9	and section 170(h)(4)(B)(ii)?		
3	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	ote to the organization's infancial stateme	The trial describes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other Si	milar Asse	ts _{(contin}	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that n	nake signif	icant use of its	i	
	collection items (check all that apply).							
а	Public exhibition	d	I ☐ Loan or exc	hange progran	n			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	's exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	similar ass	ets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Ye	es" on Forn	n 990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contribution	ns or other asse	ets not incl	uded		
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		Г			
Amount								t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						_	
	Did the organization include an amount on Fo				-	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	T V Endowment Funds Complete if					Th		
		(a) Current year	(b) Prior year	(c) Two years	Dack (d)	Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c show	•						
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administere	d for the		Г	V N-
	organization by:							Yes No
	(i) Unrelated organizations?							
	If "Yes" on line 3a(ii), are the related organiza						3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
Fai	Complete if the organization answered		Dort IV line 11a 9	Soo Form 000 I	Dart V lina	10		
			· · · · ·	<u> </u>	•			
	Description of property	(a) Cost or o basis (investr	1 ' '	t or other (other)	(c) Accur		(d) Bool	k value
1a	Land							
b	Buildings			115,329.		115,329.		0.
С	Leasehold improvements			1,980.		1,980.		0.
d	Equipment							
	Other			670,025.		670,025.		0.
Total	l. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. line 10c. column	(B))				0.

Schedule D (Form 990) 2023 ARMED SERVICES	YMCA OF THE USA		36-3274346	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes	s" 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) EQUITY FUNDS	3,888,448.	END-OF-YEAR MARKET VALUE		
(B) 152838.75 -ISHARES MSCI EAFE INT'L				
(C) I(BTMKX)	2,323,149.	END-OF-YEAR MARKET VALUE		
(D) 15797.12 -ISHARES S&P 500 FUND CL G	, ,			
(E) (BSPGX)	8,828,064.	END-OF-YEAR MARKET VALUE		
(F)	, ,			
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	15,039,661.			
Part VIII Investments - Program Related.	, , ,			
Complete if the organization answered "Yes	s" 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-vear market	value
(1)	(a) Doon raids	(c) memora en ranament e cer en		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets				
Complete if the organization answered "Yes	s" on Form 990 Part IV line	11d See Form 990 Part X line 15		
	a) Description	11a. 336 1 0111 336, 1 are X, iii 6 13.	(b) Book	value
	a) Decemption		. ,	904,115.
			Ξ,	87,296 .
				07,230.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			1	001 411
Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities	col. (B))		. 1,	991,411.
	all are Farmer 000. Dort IV. lines	dda au ddf Caa Fawra 000 Bart V lina	05	
Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

(9)

Fai	neconcination of nevertice per Addition Financial States		neveriue per ne	Luiii	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total revenue, gains, and other support per audited financial statements			1	38,854,903.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				30,034,303.
2	•	2a	2,723,494.		
a b	Net unrealized gains (losses) on investments Donated services and use of facilities		87,946.		
C			0,,520,		
d	Recoveries of prior year grants Other (Describe in Part XIII.)		28,256,632.		
u e				2e	31,068,072.
3				3	7,786,831.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a			-464,944.		
b			·	10	-464,944.
C	Add lines 4a and 4b			4c 5	7,321,887.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per B		7,321,007.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	41,015,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a	87,946.		
b	Prior year adjustments		, , , , , , , , ,		
c	Other losses	_			
d	Other (Describe in Part XIII.)		28,759,053.		
e	Add lines 2a through 2d			2e	28,846,999.
3	Subtract line 2e from line 1			3	12,168,242.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				, , .
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,168,242.
	rt XIII Supplemental Information				, , .
PART	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a T X, LINE 2: ACA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARN.	additional inform		, Fart A, II	ille 2, Fait Al,
UNRE	ELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE I	NTERNAL			
REVE	ENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME	FOR THE			
YEAF	R ENDED DECEMBER 31, 2023, AND HAS BEEN CLASSIFIED AS AN ORG	ANIZATION			
THAT	I IS NOT A PRIVATE FOUNDATION.				
	•				
MAN <i>Z</i>	AGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT	ASYMCA HAD			
TAKE	EN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE				
CONS	SOLIDATED FINANCIAL STATEMENTS.				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** ARMED SERVICES YMCA OF THE USA 36-3274346 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations е Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) GLOBAL FACES DIRECT - 16905 Yes No NORTHCROSS DR, HUNTERSVILLE FACE TO FACE SOLICITATION Х 769,011 938,310 -169,299. CDR FUNDRAISING GROUP - P.O. BOX 828, LANHAM, MD 20706 DIRECT MAILING X 763,487 766,909 -3,422. STREETLIGHT DIGITAL - PO BOX 75, CONIFER, CO 80433 FUNDRAISING MARKETING Х 381,318 308,955 72,363. 1,913,816. -100,358. 2,014,174 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

		of fundraising event contributions and g	ross income on Form 990:	·EZ, lines 1 and 6b. List	events with gross receip	its greater than \$5,000.
			(a) Event #1 ANGELS ANNUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(2 : 2 : : : 5) [2 : 5]	(======================================	(
Revenue	1	Gross receipts	685,953.			685,953.
ď		1				
	2	Less: Contributions	685,953.			685,953.
	3	Gross income (line 1 minus line 2)				
	_					
	4	Cash prizes				
	5	Noncash prizes				
S	3	Noncash prizes				
Sus	6	Rent/facility costs				
Direct Expenses	_					
SC E	7	Food and beverages				
Öİ						
	8	Entertainment				
	9	Other direct expenses				464,945.
	10	,				464,945.
Pa	11 irt	Net income summary. Subtract line 10 from III Gaming. Complete if the organization		990 Part IV line 19 or		-404,945.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1990, 1 art IV, line 19, 01	reported more than	
		,	(a) Diame	(b) Pull tabs/instant	(-) (011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш.	1	Gross revenue				
es	2	? Cash prizes				
ens						
Exp	_	Noncook prizos				
	3	Noncash prizes				
ect						
Direct Expenses		Noncash prizes Rent/facility costs				
Direct	4	Rent/facility costs				
Direct	4			Yes%	Yes %	
Direct	4	Rent/facility costs		Yes %	Yes%	
Direct	4 5	Rent/facility costs Other direct expenses Volunteer labor				
Direct	4 5	Rent/facility costs Other direct expenses	Yes% No		No	
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No th 5 in column (d)	No No	No No	
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	Yes% No th 5 in column (d)	No No	No No	
	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes% No 1h 5 in column (d) 7 from line 1, column (d)	No	No	
9	4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line of the state(s) in which the organization conditions.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No	
9 a	4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line after the state(s) in which the organization conduct gaming a summary of the organization licensed to conduct gaming a summary.	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these s	No States?	No	
9 a	4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line of the state(s) in which the organization conditions.	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these s	No States?	No	
9 a	4 5 6 7 8 Er	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line after the state(s) in which the organization conduct gaming a summary of the organization licensed to conduct gaming a summary.	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these s	No States?	No	
9 a b	4 5 6 7 8 Err Is Is If '	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain: Tere any of the organization's gaming licenses in the state of the organization in the organization in the organization in the organization is gaming licenses in the organization's gaming licenses in the organization	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these services in each of these services.	states?	No	Yes No
9 a b	4 5 6 7 8 Err Is Is If '	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the threat the state(s) in which the organization conduct the organization licensed to conduct gaming a "No," explain:	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these services in each of these services.	states?	No	Yes No
9 a b	4 5 6 7 8 Err Is Is If '	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain: Tere any of the organization's gaming licenses in the state of the organization in the organization in the organization in the organization is gaming licenses in the state of the organization's gaming licenses in the organization in the organization is gaming licenses in the organization in the organization is gaming licenses in the organization is gaming lice	Yes% No th 5 in column (d) from line 1, column (d) ucts gaming activities: activities in each of these services in each of these services.	states?	No	Yes No

Sch	edule G (Form 990) 2023 ARMED SERVICES YMCA OF THE USA 36	-3274346	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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:	1 1	
	The organization's facility		%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s 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 \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
	100, 100, 10, and 170, as applicable. 7100 provide any additional information. 300 monatoriole.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: GLOBAL FACES DIRECT		
(I)	ADDRESS OF FUNDRAISER: 16905 NORTHCROSS DR, HUNTERSVILLE, NC 28078		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990) AR	MED SERVICES	YMCA C	F THE U	SA		36-3274346	Page 4
Part IV	(Form 990) AR Supplemental Informat	ion _(continued)						ď

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ARMED SERVICES	S YMCA OF THE	USA					36-3274346
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$			1		(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARMED SERVICES YMCA OF ALASKA							
P.O. BOX 6272							
ELMENDORF AFB, AK 99506	92-0016680	501(C)(3)	124,620.	0.			PROGRAM SUPPORT
	72 002000						7 110 011111 2011 0111
CAMP PENDELTON ASYMCA							
BOX 555028, BUILDING 16144							
CAMP PENDLETON, CA 92055	95-2486118	501(C)(3)	73,012.	0.			PROGRAM SUPPORT
SAN DIEGO BRANCH							
3293 SANTO ROAD							
SAN DIEGO, CA 92124	95-1679700	501(C)(3)	378,134.	0.			PROGRAM SUPPORT
TWENTYNINE PALMS ASYMCA							
P.O. BOX 6002, BUILDING 696							
TWENTYNINE PALMS, CA 92278	91-1883458	501(C)(3)	172,863.	0.			PROGRAM SUPPORT
THERETIES, CIT 322,0	31 1003130	301(0)(3)	172,003.	•			ricelium Berreit
HONOLULU ASYMCA							
P.O. BOX 29333							
HONOLULU, HI 96820	99-0075037	501(C)(3)	560,252.	0.			PROGRAM SUPPORT
FT CAMPBELL BRANCH							
P.O. BOX 629							
FORT CAMPBELL, KY 42223	62-0491361	501(C)(3)	130,706.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) at	-						29.
3 Enter total number of other organizations	s listed in the line	1 table					0.

36-3274346

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PULASKI COUNTY ASYMCA(FT							
EONARDWD) - P.O. BOX 350 (29							
YOUNG ST) - FT. LEONARD WOOD, MO				_			
55473	43-1418023	501(C)(3)	101,248.	0.			PROGRAM SUPPORT
FT LIBERTY							
208 THORNCLIFF DRIVE							
FAYETTEVILLE, NC 28303	56-2159770	501(C)(3)	125,696.	0.			PROGRAM SUPPORT
LAWTON ASYMCA							
201 SOUTH 4TH STREET							
LAWTON, OK 73501	73-0583931	501(C)(3)	73,129.	0.			PROGRAM SUPPORT
minion, on 75501	73 0303331	301(0)(3)	73,123.	· ·			I ROGIGIA BOTTORT
EL PASO ASYMCA							
7060 COMINGTON ST.							
EL PASO, TX 79930	74-1146782	501(C)(3)	96,459.	0.			PROGRAM SUPPORT
·			,				
KILLEEN ASYMCA							
415 N. 8TH ST.							
KILLEEN, TX 76541	74-1902832	501(C)(3)	124,231.	0.			PROGRAM SUPPORT
HAMPTON ROADS REGIONAL ASYMCA							
1465 LAKESIDE ROAD							
VIRGINIA BEACH, VA 23455	54-0525308	501(C)(3)	231,878.	0.			PROGRAM SUPPORT
			202,070.				2011011
SOUTHERN AZ TUCSON YMCA							
50 W ALAMEDA ST							
rucson, Az 85702	86-0101237	501(C)(3)	28,763.	0.			PROGRAM SUPPORT
EL CAMINO BRANCH							
2400 GENG ROAD, SUITE 120							
PALO ALTO, CA 94303	94-1156318	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GOLDEN STATE YMCA							
320 N AKERS ST							
VISALIA, CA 92291	94-1459198	501(C)(3)	38,454.	0.			PROGRAM SUPPORT

36-3274346

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE PIKES PEAK REGION							
2190 JET WING DRIVE				_			
COLORADO SPRINGS, CO 80916	84-0404266	501(C)(3)	45,910.	0.			PROGRAM SUPPORT
VOLUSIA FLAGLER FAMILY YMCA							
761 E INTERNATIONAL SPEEDWAY BLVD							
DELAND, FL 32724	59-3284968	501(C)(3)	10,350.	0.			PROGRAM SUPPORT
AMCS OF ELOBIDS, C Elbam Cosam							
YMCA OF FLORIDA'S FIRST COAST 40 E. ADAMS STREET							
JACKSONVILLE, FL 32202	59-0638514	501(C)(3)	45,146.	0.			PROGRAM SUPPORT
OTTORIOGNATURE, PR 32202	22 0020214	551(0)(3)	45,140.	0.			I NOCKAM BULLOKI
LIBERTY COUNTY ARMED SERVICES YMCA							
201 MARY LOU DRIVE							
HINESVILLE, GA 31313	58-0603160	501(C)(3)	35,100.	0.			PROGRAM SUPPORT
WATERTOWN FAMILY YMCA							
119 WASHINGTON ST.							
WATERTOWN, NY 13601	15-0559207	501(C)(3)	57,125.	0.			PROGRAM SUPPORT
YMCA OF GREATER ROCHESTER							
444 E MAIN ST							
ROCHESTER, NY 14604	16-0743242	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
EAST CAROLINA YMCA							
100 YMCA LN				_			
NEW BERN, NC 28560	58-1402035	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
YMCA OF MIDDLE TENNESSEE							
1000 CHURCH ST							
NASHVILLE, TN 37203	62-0476243	501(C)(3)	13,307.	0.			PROGRAM SUPPORT
			25,557.	•			
YMCA OF METROPOLITAN FORT WORTH							
512 LAMAR, SUITE 400							
FORT WORTH, TX 76102	75-0827471	501(C)(3)	44,550.	0.			PROGRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UGUSTA SOUTH FAMILY YMCA							
215 TOBACCO ROAD							
AUGUSTA, GA 30906	58-0566254	501(C)(3)	18,413.	0.			PROGRAM SUPPORT
MCA OF GREATER SEATTLE							
009 FOURTH AVENUE SEATTLE, WA 98104	91-0482710	501(C)(3)	10,357.	0.			PROGRAM SUPPORT
YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST #201							
TACOMA, WA 98405	91-0565562	501(C)(3)	5,332.	0.			PROGRAM SUPPORT

(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	e 2: Part III. columr	 n (b): and anv other ac	dditional information.	
PART I, LINE 2:	,	, ,	<i>'</i>		
ART 1, BINE 2:					
PROGRAM FUNDING AWARDED TO THE BRANCHES AND AFFI	LIATES ARE MONI	TORED BY OUR			
CFO AND COO VIA OUR ACCOUNTING SYSTEM INTACCT AS	WELL AS PROGRE	SS REPORTS			
SUBMITTED TO HQ ON A MONTHLY/QUARTERLY BASIS. T	HE CEO AND THE	BOARD			
APPROVE THE ANNUAL BUDGET THAT CONTAINS THE GRAN	T AWARDS TO THE	BRANCHES			
AND THE AFFILIATES.					

SCHEDULE J (Form 990)

Compensation Information

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.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ARMED SERVICES YMCA OF THE USA

Employer identification number 36-3274346

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			v
a		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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:			
а	The organization?	5a		х
	Any related organization?	5b		Х
_	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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		х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2023

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 and/o compensation		C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VADM WILLIAM FRENCH, USN (RET)	(i)	305,322.	60,000.	3,810.	39,599.	570.	409,301.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DORENE OCAMB	(i)	198,894.	30,000.	300.	29,013.	24,501.	282,708.	0.
CHIEF DEVELOPMENT CENTER	(ii)	0.	0.	0.	0.	0,	0.	0.
(3) CHARLES WILLIAMS	(i)	189,116.	20,000.	1,820.	25,093.	324.	236,353.	0.
COO & CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0,	0.	0.
(4) WILLIAM ZAMAGNI	(i)	215,622.	15,000.	690.	0.	370.	231,682.	0.
CFO	(ii)	0.	0.	0.	0.	0,	0.	0.
(5) CHRISTOPHER HALEY	(i)	176,625.	20,000.	1,676.	23,616.	858.	222,775.	0.
CHIEF OF STAFF & CHIEF MKTG OFFICER	(ii)	0.	0.	0.	0.	0,	0.	0.
(6) JENNIFER NIZER	(i)	159,636.	7,500.	575.	0.	19,539.	187,250.	0.
SVP CHILD & YOUTH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TARA INGRAM	(i)	152,206.	10,000.	348.	6,542.	16,990.	186,086.	0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMY GEORGE	(i)	136,303.	10,000.	446.	17,688.	8,501.	172,938.	0.
VP OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELISSA KELLEY	(i)	132,992.	15,000.	422.	3,258.	11,674.	163,346.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) HOLLY ROBERTSON	(i)	127,203.	10,000.	315.	0.	19,326.	156,844.	0.
VP FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental information	
ovide 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.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

ARMED SERVICES YMCA OF THE USA

Open to Public Inspection

Employer identification number

36-3274346

Pai	rt I Types of Property								
			(a) Check if oplicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported o Form 990, Part VIII, line	n noncash contrib	, letermin		s
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								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••									
12	trust interests Securities - Miscellaneous						-		
13	Qualified conservation contribution -						-		
10	10.1								
14	Qualified conservation contribution - C								
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 (PROGRAM & EVENT		X	23	421 (66.MARKET VALUE			
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by th	ne organizati	on during	the tax vear for c	ontributions				
	for which the organization completed	-		•					
	To Whom the organization completed	1 01111 0200,	r art v, E	onee / tell lewicag	omone <u>20</u>			Yes	No
30a	During the year, did the organization r	receive by co	ontributio	n any property rep	orted in Part I lines 1 th	rough 28 that it		100	110
000	must hold for at least 3 years from the								
	exempt purposes for the entire holding				· · · · · · · · · · · · · · · · · · ·		30a		х
b						•••••	300		
31	Does the organization have a gift acce		cv that re	equires the review of	of any nonstandard con	tributions?	31	х	
	Does the organization hire or use third						7.		
<u>u</u>		=		_			32a		х
h	o If "Yes," describe in Part II.						JEU		
33	If the organization didn't report an am	ount in colu	mn (c) fo	r a type of property	for which column (a) is	checked			
-	describe in Part II.		(0) 101	, po or proport)	.c. milon column (a) is				

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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:
HEALTH, WELLNESS AND RECREATIONAL PROGRAMS THAT SERVE AND SUPPORT
ACTIVE DUTY MILITARY FAMILIES IN COMMUNITIES ACROSS THE COUNTRY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ASYMCA OPERATES NATIONALLY ACCREDITED CHILD CARE PROGRAMS, STATE-
LICENSED CHILD CARE PROGRAMS IN THE COMMUNITY AND ON MILITARY BASES,
WHICH ARE SUBJECT TO DEPARTMENT OF DEFENSE INSPECTIONS. A UNIQUE CHILD
CARE PROGRAM THE ASYMCA OFFERS INSIDE OR NEAR MILITARY TREATMENT
FACILITIES IN 14 DIFFERENT LOCATIONS IS CHILDREN'S WAITING ROOM. THIS
DROP OFF CHILD WATCH SERVICE ENABLES SERVICE MEMBERS AND THEIR SPOUSES
TO ATTEND TO THEIR OWN OR ONE OF THEIR CHILDREN'S PHYSICAL OR MENTAL
HEALTH CARE NEEDS WITHOUT THE STRESS OR COST OF FINDING CHILD CARE FOR
ALL OR SOME OF THEIR CHILDREN AGES 0-12.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHILD CARE, CHILD DEVELOPMENT AND EARLY LEARNING POINTS OF SERVICES TO
MILITARY FAMILIES.
ASYMCA'S CORE PROGRAMS OFFERED AT BRANCHES AND AFFILIATES INCLUDE:
- FULL DAY, HALF DAY AND HOURLY CHILD CARE
- BEFORE AND AFTER SCHOOL AGE CARE

Name of the organization **Employer identification number** ARMED SERVICES YMCA OF THE USA 36-3274346 - CHILDREN'S WAITING ROOM DROP OFF CHILD WATCH SERVICES PRESCHOOL/PRE-K - OPERATION LITTLE LEARNERS PARENT PARTICIPATION EARLY LEARNING PROGRAM - OPERATION HERO AFTER SCHOOL ENRICHEMENT PROGRAM - SUMMER DAY CAMPS AND ENRICHMENT CAMPS, INCLUDING ROBOTICS, STEM CREATIVE ARTS TOPICS - RESIDENT/OVERNIGHT CAMPS THAT BUILD FRIENDSHIPS, COMMUNITY AND HEALTHY HABITS THROUGH OUTDOOR ACTIVITIES - CHILDREN'S PLAYGROUPS FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS: RESEARCH SHOWS THAT ONE IN FOUR ACTIVE DUTY MILITARY FAMILIES REPORT BEING FOOD INSECURE. IN RESPONSE, THE ASYMCA IS PROUD TO PROVIDE A WELCOMING, JUDGEMENT-FREE ENVIRONMENT FOR MILITARY FAMILIES TO ACCESS FOOD ASSISTANCE ACROSS ALL 12 BRANCHES. MILITARY FAMILIES CAN SHOP AT A CLIENT-CHOICE FOOD MARKET WHERE THEY CAN SELECT FROM SHELF STABLE FOODS, FRESH AND FROZEN ITEMS, DAIRY, MEAT AND HEALTHY OPTIONS. IN ADDITION, MANY BRANCHES OFFER OTHER ITEMS INCLUDING BABY FORMULA, FOOD, DIAPERS AND WIPES. PERSONAL CARE ITEMS AND HOUSEHOLD CLEANING SUPPLIES. IN 2023, THE ASYMCA SERVED MORE THAN 100,000 FAMILIES AND DELIVERED MORE THAN 2.5 MILLION POUNDS OF FOOD. ASYMCA'S CORE SERVICES OFFERED AT BRANCHES AND AFFILIATES INCLUDE: - FOOD ASSISTANCE AND BABY CARE ITEMS - TEMPORARY EMERGENCY FINANCIAL ASSISTANCE - OPERATION RIDE HOME HOLIDAY TRAVEL ASSISTANCE OPERATION HOLIDAY JOY FOOD AND TOY DISTRIBUTIONS AND HOLIDAY EVENTS

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
- MILITARY SPOUSE EMPLOYMENT PROGRAMS	
- OPERATION KID COMFORT DEPLOYMENT SERVICES	
- FINANCIAL LITERACY EDUCATION	
- NUTRITION LITERACY EDUCATION	
- VOLUNTEER OPPORTUNITIES	
ASYMCA'S HEALTH, WELLNESS AND RECREATIONAL PROGRAMS:	
THE ASYMCA SUPPORTS THE WHOLE PERSON AND THE WHOLE FAMILY FOR	
JUNIOR-ENLISTED MILITARY PERSONNEL, THEIR SPOUSES AND CHILDREN. ASYMCA	
KEEPS CHILDREN AND ADULTS ACTIVE AND CONNECTED TO THEIR COMMUNITY WHILE	
BUILDING AND MAINTAINING A HEALTHY LIFESTYLE. LOCAL PROGRAMS RANGE FROM	
SAFETY AROUND WATER EDUCATION TO YOUTH SPORTS LEAGUES AND PARENT/CHILD	
DANCES THAT ENCOURAGE BONDING AND PROVIDE FUN SOCIALIZATION ACTIVITIES.	
IN ADDITION, ASYMCA IS CONSIDERED THE "HOME AWAY FROM HOME" FOR MANY	
MILITARY FAMILIES WHO RELY ON RESOURCES, REFERALS AND INFORMATION TO	
SUPPORT A VARIETY OF NEEDS.	
IN SEVERAL LOCATIONS, THE ASYMCA OPERATES "WARRIOR CARE" PROGRAMS AND	
SERVICES FOR WOUNDED, ILL AND INJURED SERVICE MEMBERS AND THEIR	
CAREGIVING FAMILY MEMBERS TO ENJOY RECREATIONAL ACTIVITIES,	
COMPLIMENTARY TICKETS TO LOCAL EVENTS, THERAPY DOG VISITS, WOODWORKING	
SESSIONS, AND POOL THERAPY.	
ASYMCA'S HEALTH, WELLNESS AND RECREATIONAL PROGRAMS OFFERED AT BRANCHES	
AND AFFILIATES INCLUDE:	
- AQUATICS AND WATER THERAPY	
- SAFETY AROUND WATER SWIM LESSONS	
- BREAST CANCER AWARENESS GROUP	0.4.4.4.0 (5 000) 0000

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
- CPR /FIRST AID TRAINING	1
- HEALTHY KIDS DAYS	
- PARENT/CHILD DANCES	
- WELLNESS PROGRAMS	
- WARRIOR SUPPORT PROGRAMS FOR WOUNDED, ILL AND INJURED SERVICE MEMBERS	
AND THEIR CAREGIVER SPOUSES AND CHILDREN	
- SPOUSE SOCIAL CRAFT AND CONVERSATION GROUPS	
SUPPORT OF ENLISTED SPOUSES CLUB	
SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS	
- GROUP EXERCISE CLASSES	
- PILATES AND YOGA CLASSES	
- WALKING GROUPS	
- HEALTHY LIVING AND DISEASE PREVENTIONS PROGRAMS	
- YOUTH SPORTS, CAMPS, AND LEAGUES	
- RESOURCES AND REFERRALS	
- MILITARY AND VOLUNTEER APPRECIATION EVENTS	
- TICKET GIVEAWAYS	
EXPENSES \$ 410,098. INCLUDING GRANTS OF \$ 163,485. REVENUE \$ 0.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE REVIEW IS CONDUCTED IN ANNUAL MEETING 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.	
NUE ETNAL DEVITEN ACCUPEC MUAM MUE TEC 000 NUMBERG ACREE NIMU MUE AUDIMER	

THE FINAL REVIEW ASSURES THAT THE IRS 990 NUMBERS AGREE WITH THE AUDITED

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number 36-3274346
FINANCIAL NUMBERS IN THE SPECIFIC AREAS OF FUNCTIONAL EXPENSES, EXECUTIVE	30 32/1310
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 AN ANNUAL 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:	
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.	

332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization ARMED SERVICES YMCA OF THE USA	Employer identification number
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 SPRING 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 CURRENT IRS DETERMINATION LETTER WILL BE MADE AVAILABLE FREE OF CHARGE	
UPON REQUEST.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-3274346

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct of	controlling ntity	9	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had on	e or more	related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal domicile (state or Exer	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No	
THE YOUNG MEN'S CHRISTIAN ASSOCIATION	TYPE I SUPPORTING								
RETIREMENT FUND - 13-5562401, 120 BROADWAY,	ORGANIZATION PROVIDING								
NEW YORK, NY 10271	RETIREMENT BENEFITS	NEW YORK	501(C)(3)	LINE 12B, II	N/A			x	
	_								
	_								

ARMED SERVICES YMCA OF THE USA

		0 1 1 1 1 1 1 1 1 1 1 1	113.7 11		D . D / P	0.4.1		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" or	1 Form 990	, Part IV, line	:34, because	it had one	or more related
Part III	organizations treated as a partnership during the tax year.							

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
	-										

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Cita		
		country)		,				Yes	No	
									1	
									1	
									1	
									1	
	1									1
									1	
									1	
									1	
	l .		I.	l .						

Page 3

Х

Yes No

1a

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

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

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)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	d Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	g Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	c Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı					11		Х
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	S Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this	s line, including covered re	elationships and transaction thresholds.			
	(a) (b) Name of related organization Transactype (control of the control of the c	ction	(c) Amount involved	(d) Method of determining amount invo	lved		
1)							
٥,							
2)							
2)							
3)							
۸۱							
4)							
5 \							
5)							
6)							
	63 09-28-23			Schedule R	(Forn	າ 990)	2023
					•	,	

Schedule R (Form 990) 2023 ARMED SERVICES YMCA OF THE USA 36-3274346 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all artners sec. 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disprotional allocati	por- ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	ral or Figing ner?	(k) Percentage ownership
	-										
	-										
	-										
	-										
	-										
	-										
	-										

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** ARMED SERVICES YMCA OF THE USA 36-3274346 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 14040 CENTRAL LOOP, B return. See instructions. 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 | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of HOLLY ROBERTSON, VP OF FINANCE AND CHRIS HALEY, COS 14040 CENTRAL LOOP, B - WOODBRIDGE, VA 22193 Telephone No. 866-427-9622 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 $\overline{\ \ }$ and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or , 20 , and ending tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

A	ror the	e 2023 calendar year, or tax year beginning	anu	enaing	_			
В	Check if applicabl	C Name of organization			D Employer ide	ntificat	ion number	
	Addre	ARMED SERVICES IMCA OF THE USA						
F	Name chang				91-1883	166		
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone nui			
Е	Final return	14040 CENTRAL LOOP SHITE B	mvorou to otroot addresso;	Troom, oute	866-427-9			
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		30,10	02,601.
	Amen return	WOODBRIDGE, VA 22193			H(a) Is this a grou	up retur	rn Si	rmt 1
	Application	F Name and address of principal officer: "±±±±	IAM D. FRENCH		for subordin	ates?	X Yes	No No
	pendi	SAME AS C ABOVE			H(b) Are all subordina	ates includ	ded? X Yes	No No
1.	Tax-ex	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ch a list	t. See instructi	ons
	Websi				H(c) Group exem	`		
	Form of art I	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1983	M S	tate of legal don	nicile: IL
		Briefly describe the organization's mission or most	significant activities. THE MI	SSION OF	THE ARMED			
ခ္	'	SERVICES YMCA OF THE USA- SEE SCH. O						
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its ne	t assets	 3.	
Ve	3	Number of voting members of the governing body	(5			3		39
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4		39
8	5	Total number of individuals employed in calendar	year 2023 (Part V, line 2a)			5		903
Vi č i	6	Total number of volunteers (estimate if necessary)				6		5000
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co				7a		53,681.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b		0.
					Prior Year	F 4	Current Ye	
e	8				18,095,2		-	
Revenue	9	, , , , , , , , , , , , , , , , , , , ,			9,442,0			51,463.
Be	10				-276,1			57,330.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d Total revenue - add lines 8 through 11 (must equal		27,545,5			79,226.	
-		Grants and similar amounts paid (Part IX, column			16,6			27,795.
		Benefits paid to or for members (Part IX, column (0.		0.
"	45	Salaries, other compensation, employee benefits (11,832,4	03.	13,53	38,580.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.	·	0.
per	. b	Total fundraising expenses (Part IX, column (D), lin		201.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d			10,948,1	87.	12,77	71,858.
		Total expenses. Add lines 13-17 (must equal Part			22,797,2		26,33	38,233.
	19	Revenue less expenses. Subtract line 18 from line	12		4,748,2			59,007.
Net Assets or	G			Ве	ginning of Current Y		End of Ye	
ssets	20	Total assets (Part X, line 16)			41,954,2			57,979.
et Ag	21	Total liabilities (Part X, line 26)			10,049,5			90,765.
Ž	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		31,904,6	91.	31,86	57,214.
		Ities of perjury, I declare that I have examined this return	including accompanying echodula	e and etateme	ante and to the heet of	of my kn	owledge and hel	liof it ic
		t, and complete. Declaration of preparer (other than offic				JI IIIY KII	owieuge and bei	1161, 11 15
truc	, 001100	ty and complete. Declaration of proparor (ethor than emo	or y to based on all information of wi	non propuror	nuo uny knowiougo:			
Sig	n	Signature of officer			Date			
Hei		WILLIAM D. FRENCH, PRESIDENT AND CEO						
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature]	Date Chec	k	PTIN	
Pai	d	KRISTEN BARNETT	KRISTEN BARNETT	0	0.406.404	employed	P01234578	
Pre	parer	Firm's name RSM US LLP			Firm's EIN	42	-0714325	
Use	Only	Firm's address 1001 WATER ST. STE. 500						
		TAMPA, FL 33602			Phone no.	813-3		
Ma	v the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No

GROUP RETURN 91-1883466 Form 990 (2023)

Form	990 (2023) GROUP RETURN	91-188346	66 Page 2
Par	t 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	1	Yes X No
	prior Form 990 or 990-EZ?	I	Yes _ANo
_	If "Yes," describe these new services on Schedule O.	ı	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? \dots	l	Yes LX_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 m	easured by ex	kpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total exp	enses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$7,871,632. including grants of \$10,344.) (Revenue	e\$	1,652,083.
	PROGRAMS AND SUPPORT FOR MILITARY MEMBERS, SPOUSES & FAMILIES:		
	ASYMCA STRIVES TO INCREASE MILITARY FAMILY RESILIENCE AND MISSION		
	READINESS THROUGH A VARIETY OF PROGRAMS AND SERVICES FOR ACTIVE DUTY		
	SERVICE MEMBERS, SPOUSES AND THEIR CHILDREN, WITH A PARTICULAR FOCUS ON		
	JUNIOR ENLISTED FAMILIES. THESE PROGRAMS AND SERVICES COMBAT STRESS AND		
	ISOLATION BY BRINGING FAMILIES CLOSER TOGETHER WHILE AT HOME AND DURING		
	DEPLOYMENT OR OTHER SEPARATIONS.		
	IN 2023, THE ASYMCA SERVED MORE THAN 337,000 MILITARY FAMILIES AND		
	PROVIDED MORE THAN 1.2 MILLION POINTS OF SERVICE THROUGH NO COST AND		
	LOW COST PROGRAMS AND SERVICES RELEVANT TO THE UNIQUE CHALLENGES OF		
	MILITARY LIFE. THE FOLLOWING ARE CORE PROGRAMS, CORE SERVICES, AND		
	(Code:) (Expenses \$ 5,775,077. including grants of \$ 7,589.) (Revenue	. ¢	3 612 577.)
TIJ.	CHILD CARE PROGRAMS:	. Φ	
	ASYMCA OFFERS A VARIETY OF AFFORDABLE, ACCESSIBLE AND QUALITY CHILD		
	CARE, CHILD DEVELOPMENT AND EARLY LEARNING EDUCATIONAL PROGRAMS THAT		
	HELP TO ACHIEVE TWO PRIMARY GOALS FOR BOTH MILITARY CHILDREN AND		
	PARENTS, WHICH ARE TO INSTILL ACADEMIC ACHIEVEMENT AND SOCIAL EMOTIONAL		
	SKILLS TO SET THEM UP FOR FUTURE SUCCESS AND TO PROVIDE ESSENTIAL CHILD		
	CARE SERVICES NEEDED TO SUPPORT MILITARY SPOUSE EMPLOYMENT AND/OR		
	CONTINUING EDUCATION OPPORTUNITIES. CHILD CARE, DEVELOPMENT AND EARLY		
	LEARNING ARE OFFERED ON-SITE THROUGH ASYMCA BRANCHES AND AFFILIATES AT		
	CHILD DEVELOPMENT CENTERS, PROGRAMS SITES, SCHOOL SITES AND MEDICAL		
	TREATMENT FACILITIES LOCATED ON OR OFF INSTALLATIONS.		
40	(Code:) (Expenses \$1,135,924. including grants of \$1,493.) (Revenue	. r	82 387
70	EDUCATIONAL ASSISTANCE PROGRAMS:	- Φ	
	ONE OF ASYMCA'S HALLMARK PROGRAMS IS OPERATION HERO, AN AFTER-SCHOOL		
	ENRICHMENT PROGRAM THAT AIDS CHILDREN FROM SIX TO 12 YEARS OF AGE WHO		
	ARE EXPERIENCING EITHER SOCIAL AND/OR ACADEMIC CHALLENGES IN SCHOOL,		
	WHICH ARE OFTEN THE RESULT OF FREQUENT MOVES AND FAMILY SEPARATIONS.		
	WITH PARTICIPANTS REFERRED BY TEACHERS, PARENTS, OR OTHER CARING		
	ADULTS, THE 10-WEEK PROGRAM PROVIDES AFTER-SCHOOL TUTORING AND		
	MENTORING IN A SMALL GROUP WITH TRAINED FACILITATORS. OPERATION HERO		
	FACILITATES A SAFE AND POSITIVE ENVIRONMENT, INSTILLS SELF ESTEEM,		
	ENCOURAGES RESPONSIBLE BEHAVIORS, AND HELPS CHILDREN THRIVE IN SCHOOL		
	AND AT HOME. IN 2023, MORE THAN 1,600 STUDENTS PARTICIPATED IN		
	OPERATION HERO. OVERALL, IN 2023, THE ASYMCA PROVIDED MORE THAN 800,000		
4d	Other program services (Describe on Schedule O.)	C 100 047	
	(Expenses \$ 6,369,233. including grants of \$ 8,370.) (Revenue \$	0,122,947.)
46	Total program service expenses 21,151,866.		

Page 3

GROUP RETURN

Form 990 (2023) GROUP RETURN 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?	_		17
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
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)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
ıza		12a		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2023) GROUP RETURN

Part IV Checklist of Required Schedules (continued) 91-1883466

			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	[

Page 4

Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		ı			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2 a	903			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	· · · · · · · · · · · · · · · · · · ·			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
D	If "Yes," enter the name of the foreign country		(EDAD)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		,	r-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 9996 T2			5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			30		
oa		_		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			Ua		
J	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a	х	
			ornada to ano payor.	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	to file Form 8282?	•		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	:?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	I				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	I				
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ISa		
h	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	13b				
С	Enter the amount of reserves on hand	13c				
	Pid the consideration was to a second of the fact that a second of the design of the second of the s			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					

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Form 990 (2023) GROUP RETURN 91-1883466

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						
Sec	tion A. Governing Body and Management										
-				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	39									
	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	Enter the number of voting members included on line 1a, above, who are independent	39									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1									
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5											
6	Did the organization have members or stockholders?		6		Х						
7a	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?		7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?		7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?		8a	Х							
			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
		_		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х							
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?		10b	Х							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	orm?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
b	Other officers or key employees of the organization		15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?		16a		Х						
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?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedAK,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 5	01(c)(3)s	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply										
	X Own website Another's website X 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 po	licy, and	financ	cial							
	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										

Form **990** (2023)

14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193

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Form 990 (2023) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per		(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					from	from related	other		
	(list any	ector						the	organizations	compensation
	hours for	or dir	9.0			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	Suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) SHERI YERRINGTON	40.00	_	_	_						
EXECUTIVE DIRECTOR - KILLEEN				х				134,453.	0.	45,586.
(2) TIM NEY	40.00									
EXEC DIR - SAN DIEGO (THRU 05/23)				х				164,071.	0.	9,767.
(3) STANLEY MILLER	40.00									
VP OF OPS & ADMIN - SAN DIEGO				х				131,036.	0.	23,944.
(4) SAMANTHA HOLT	40.00									
EXECUTIVE DIRECTOR - CAMP PENDLETON				х				130,990.	0.	16,958.
(5) PATRICK BYRNE	40.00									
EXECUTIVE DIRECTOR - 29 PALMS				Х				113,887.	0.	24,425.
(6) LAURIE MOORE	40.00									
EXECUTIVE DIRECTOR - HONOLULU				Х				117,122.	0.	15,762.
(7) SARAH RIFFER	40.00									
EXECUTIVE DIRECTOR - ALASKA				Х				117,695.	0.	14,564.
(8) JEREMY HESTER	40.00									
EXECUTIVE DIRECTOR - FT BRAGG				Х				83,887.	0.	45,085.
(9) LAURA BAXTER	40.00									
EXECUTIVE DIRECTOR - HAMPTON				Х				103,982.	0.	20,735.
(10) ZACHARY GULLER	40.00									
EXECUTIVE DIRECTOR - FT LW				Х				99,357.	0.	11,912.
(11) GEORGE ELSAESSER	40.00									
EXECUTIVE DIRECTOR - EL PASO				Х				83,817.	0.	11,994.
(12) FRANCIS MARTIN	40.00									
EXEC DIR - SAN DIEGO (BEG 06/23)				Х				81,110.	0.	741.
(13) CHE' CASON	40.00									
EXECUTIVE DIRECTOR - LAWTON				Х				72,345.	0.	0.
(14) HILLARY BREWER	40.00									
EXECUTIVE DIRECTOR - FT CAMPBELL				Х				67,971.	0.	0.
(15) LTG DAVID D. HALVERSON, USA, RE	1.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(16) GEN ROBERT BROOKS BROWN, USA, R	1.00									
VICE CHAIRMAN	1.00	Х		Х				0.	0.	0.
(17) ROBERT K. BURKE	1.00	-								
TREASURER	1.00	X		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MEG O'GRADY	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(19) TIM K. ALLEN	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(20) RADM ANNIE ANDREWS, USN (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(21) VADM JOHN M BIRD, USN (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(22) HENRY (NMN) BONILLA	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(23) VADM JODY BRECKENRIDGE, USCG (R	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(24) COL JOHN D. BUTLER, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0.
(25) RICARDO J. CHAMORRO	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0.
(26) JO A. DECKER	1.00									
NATIONAL BOARD MEMBER	1.00	х						0.	0.	0.
1b Subtotal								1,501,723.	0.	241,473.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								1,501,723.	0.	241,473.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

Form 990 (2023)

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)	(B)	(C)
Name and business address	Description of services	Compensation
H.P. PURDON & COMPANY INC.	PRODUCTION, TECHNICAL SVCS &	
747 GOLDEN PARK AVE., SAN DIEGO, CA 92106	FIREWORKS	528,025.
GLOBALFACES DIRECT, 30 LESMILL RD., STE.		
2, TORONTO, ONTARIO, M3B 2T6, CANADA	MARKETING/FUNDRAISING SERVICES	334,099.
JANI-KING OF AUSTIN, 2523 SOUTH LAKELINE		
BLVD., CEDAR PARK, TX 78613	CLEANING/JANITORIAL SERVICES	247,914.
DURHAM CHARTER SERVICES		
PO BOX 841879, DALLAS, TX 75284	CHARTER SERVICES	108,263.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

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Form 990 GROUP RETURN 91-1883466

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	(check all that apply)					compensation	compensation	amount of
	per week (list any hours for related	tee or director	ustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	organizations	trus	nal trı		oyee	ompe				organizations
	below	Individual trustee	Institutional trustee	Officer	Key employee	hesto	Former			
	line)	ig E	Inst	#0	Ke	Hig	튠			
(27) MAJ GEN SHARON K. DUNBAR, USAF	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(28) LGEN JASON EVANS, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(29) LARRY G. HUGHES	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(30) ANDREA D. INSERRA	1.00	-								
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(31) NEIL A. JARVIS	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(32) RADM ANTHONY M. KURTA, USN, RET	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	(
(33) CHARLOTTE LA BELLE, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	С
(34) COL JEREMY M. MARTIN, USA (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	C
(35) ROXANNE E. MOORE	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	С
(36) CHRIS PADILLA	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	С
(37) COL TERRI W. PAGE, USAF (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	(
(38) TIM R. PAYNTER, USN, (RET)	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(39) KATE R. BOYCE REEDER	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	С
(40) KAT C. SADEGHI	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	(
(41) DAVE J. SCANLAN	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	С
(42) LAUREN I. STEVENS	1.00	-						_	_	_
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	(
(43) LTC RANDY M. STILLINGER, ANG	1.00	-						_	_	_
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	C
(44) MITCHELL B. WALDMAN	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	0
(45) BOYD A. WILLIAMS	1.00									
NATIONAL BOARD MEMBER	1.00	Х						0.	0.	C
(46) HEATHER T. WILSON	1.00									
NATIONAL BOARD MEMBER	1.00	X						0.	0.	0

Form 990 GROUP RETURN 91-1883466

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Position Reportable Reportable **Estimated** Average (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) (list any Individual trustee or director from the (W-2/1099-MISC) hours for organization Institutional trustee related and related organizations organizations below Officer line) (47) RADM JESSE WILSON, USN (RET) 1.00 NATIONAL BOARD MEMBER 1.00 Х 0. 0. 0. (48) COL WILLIAM H. ZEMP, USA (RET) 1.00 NATIONAL BOARD MEMBER 1.00 0. 0. 0. (49) STEVE R. BROWNE 1.00 0. BRANCH REPRESENTATIVE 1.00 Х 0. 0. (50) KEITH J. MANTERNACH 1.00 BRANCH REPRESENTATIVE 1.00 0. 0. Х 0. (51) JOEL A. VARGAS, LCR, USN (RET) 1.00 BRANCH REPRESENTATIVE 1.00 0. Х 0. 0. (52) COL TODD FOX, USA (RET) 1.00 BRANCH REPRESENTATIVE 1.00 Х 0. 0. 0. (53) BGEN JAY GOTHARD, USA (RET) 1.00 BRANCH REPRESENTATIVE 1.00 0. Х 0. 0. Total to Part VII, Section A, line 1c

Form 990 (2023) GROUP RETURN Statement of Revenue

		Check if Schedule O contains a	a response	or note to any line	(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	164,873.				
gra To	b	Membership dues	1b	1 550 605				
ts, An	С	Fundraising events	1c	1,579,687.				
	d	Related organizations	1d	100 544				
ns,	е	Government grants (contributions)	1e	109,744.				
ë jë	f	All other contributions, gifts, grants, and		11 426 125				
듗된		similar amounts not included above	1f	11,436,135.				
g d	g	Noncash contributions included in lines 1a-1f	1g \$	2,591,897.	12 200 420			
O a	n	Total. Add lines 1a-1f		Business Code	13,290,439.			
_	•	PROGRAM SERVICE FEES		900099	5,882,125.	5,882,125.		
jc jc	2 a	GOVERNMENT CONTRACTS		900099	2,908,616.	2,908,616.		
e e	b	MEMBERSHIP DUES		900099	2,349,934.	2,349,934.		
m en	C	RESIDENCE & RELATED SE		900099	329,319.	329,319.		
gra Re	d	RESIDENCE & REENTED SE		300033	323,313.	323,313.		
Program Service Revenue	e f	All other program service revenue						
_	•				11,469,994.			
	3	Investment income (including divide			, , .			
	•	•			486,425.			486,425.
	4	Income from investment of tax-exer			,			,
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	923,314.					
	b	Less: rental expenses 6b	0.					
	С	Rental income or (loss) 6c	923,314.					
	d	Net rental income or (loss)			923,314.			923,314.
	7 a	Gross amount from sales of (i)	Securities	(ii) Other				
		assets other than inventory 7a 2,	877,658.					
	b	Less: cost or other basis						
e		and sales expenses	862,997.	,				
ven	С	Gain or (loss) 7c	14,661.	50,377.				
her Revenue		Net gain or (loss)			65,038.			65,038.
her	8 a	a Gross income from fundraising events (not						
٥		including \$1,579,687	_					
		contributions reported on line 1c).						
		Part IV, line 18		0.				
		Less: direct expenses		1,508,389.	1 500 300			1 500 300
		Net income or (loss) from fundraisir	_		-1,508,389.			-1,508,389.
	9 a	Gross income from gaming activities		107 848				
	L.	Part IV, line 19		107,848.				
		Less: direct expenses			63,681.		63,681.	
		Net income or (loss) from gaming a Gross sales of inventory, less return			33,001.		05,001.	
	iv a	and allowances	693,532.					
	h	Less: cost of goods sold	1 = 0 1 0 0					
		Net income or (loss) from sales of in		, , , , ,	535,333.			535,333.
				Business Code	,			,
Snc	11 a	OTHER REVENUE		900099	253,391.			253,391.
ine Due	b				· · · · · · · · · · · · · · · · · · ·			
ella e	c							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d			253,391.			
	12	Total revenue See instructions			25 579 226.	11 469 994.	63 681.	755 112.

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Form 990 (2023) GROUP RETURN 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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27,795.	27,795.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 710 000	4 262 400	020 455	1.10.06
	trustees, and key employees	1,748,800.	1,369,480.	238,457.	140,863
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0 062 445	0 201 514	020 256	020 575
7	Other salaries and wages	9,962,445.	8,201,514.	930,356.	830,575
8	Pension plan accruals and contributions (include	659,928.	355,761.	262,331.	41,836
^	section 401(k) and 403(b) employer contributions)	44,186.	23,820.	17,565.	2,801
9	Other employee benefits	1,123,221.	605,518.	446,496.	71,207
0	Payroll taxes	1,123,221.	003,310.	440,430.	71,20
11	. , ,				
a	Management	51,059.	41,929.	7,313.	1,817
b	Legal	69,045.	56,699.	9,889.	2,457
d	Accounting	05,020.		2,002.	2,10
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	1,920,556.	1,577,139.	275,085.	68,332
12	Advertising and promotion	381,099.	258,401.	95,510.	27,188
13	Office expenses	3,485,332.	3,276,559.	199,947.	8,826
14	Information technology	283,121.	153,921.	126,446.	2,754
15	Royalties		-		
16	Occupancy	1,670,497.	1,303,047.	351,430.	16,020
7	Travel	274,952.	137,237.	107,322.	30,393
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	634,640.	521,179.	113,252.	209
3	Insurance				
24	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 0.)	2 501 007	2 220 451	225 022	17 60
a	DONATED MATERIALS PROGRAM EVENTS	2,591,897.	2,338,451.	235,822.	17,624
b	MEMBERSHIP DUES	103,417.	94,781. 8,516.	1,592. 7,210.	7,044 5,489
Ç	UBIT TAXES	13,501.	7,278.	5,367.	856
d		1,271,527.	7,278.	485,776.	-7,090
	All other expenses Add lines 1 through 24a	26,338,233.	21,151,866.	3,917,166.	1,269,20
25 06	Total functional expenses. Add lines 1 through 24e	20,330,233.	21,131,000.	3,517,100.	1,200,201
26	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)				
	In following 50F 50-2 (M3C 530-720)				

Form **990** (2023)

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Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

GROUP RETURN 91-1883466 Page **11** Form 990 (2023) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,607,479. 4,427,624. 1 Cash - non-interest-bearing 3,880,872. 4,284,582. Savings and temporary cash investments 2 Pledges and grants receivable, net 3,262,802. 1,772,023. 3 3 1,324,718. 2,472,571. Accounts receivable, net 4 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 29,153. 8 623. Inventories for sale or use 8 122,891. 161,022. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 29,311,496. basis. Complete Part VI of Schedule D _____ 10a 12,642,923. 17,166,070. 16,668,573. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11,277,454. 12,324,662. 11 11 Investments - other securities. See Part IV, line 11 103,695. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 258,444. 358,982. 15 15 Other assets. See Part IV, line 11 41,954,261. 42,557,979. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,256,223. 1,843,932. Accounts payable and accrued expenses 17 17 18 Grants payable 18 197,710. 489,554. 19 19 Deferred revenue Tax-exempt bond liabilities 6,643,725. 20 6,438,396. 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 413,101. 373,165. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,538,811. 25 1,545,718. 10,049,570. 10,690,765. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 25,019,502. 24,675,625. 27 27 Net assets with donor restrictions 7,191,589. 6,885,189. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

42,557,979. Form 990 (2023)

31,867,214.

31

32

33

31,904,691.

41,954,261.

31

32

33

Form 990 (2023) GROUP RETURN

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,	579,	226.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,	338,	233.			
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	100,	538.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	31,	867,	214.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
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?		2b	Х				
	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 X Consolidated basis Both consolidated and separate basis							
С	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?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
_	or suidite, explain why on Schedule O and describe any steps taken to undergo such audits		3h					

Form **990** (2023)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

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

ARMED SERVICES YMCA OF THE USA

Inspection

OMB No. 1545-0047

GROUP RETURN 91-1883466 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	12,438,218.	11,055,376.	11,925,978.	20,293,429.	13,290,439.	69,003,440.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12,438,218.	11,055,376.	11,925,978.	20,293,429.	13,290,439.	69,003,440.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						69,003,440.
	tion B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	12,438,218.	11,055,376.	11,925,978.	20,293,429.	13,290,439.	69,003,440.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	971,947.	1,263,124.	1,097,211.	1,066,049.	1,409,739.	5,808,070.
9	Net income from unrelated business	,					· · · · · · · · · · · · · · · · · · ·
-	activities, whether or not the						
	business is regularly carried on	63,681.	34,983.	53,332.	49,039.	57,385.	258,420.
10	Other income. Do not include gain	,	,	,	,	,	· · · · · · · · · · · · · · · · · · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)			218,438.	321,917.	253,390.	793,745.
11	Total support. Add lines 7 through 10			·	·	·	75,863,675.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	37,909,459.
	First 5 years. If the Form 990 is for th	•	,	ourth. or fifth tax v	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	90.96 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	91.21 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or mo	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Page 3

Schedule A (Form 990) 2023 GROUP RETURN

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 under the tests listed below inlease complete Part II \

Section A. Public Support	solow, please comp	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and					. ,	.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for	the organization's f	rst second third	fourth or fifth tax	vear as a section !	501(c)(3) organizatio	n
check this box and stop here	•		•	•		
Section C. Computation of Pub						
15 Public support percentage for 2023			column (f))		15	(
16 Public support percentage from 202					16	(
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2			ine 13, column (f))		17	(
18 Investment income percentage from					18	(
19a 33 1/3% support tests - 2023. If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If th	=	-	•	• •		 nd
line 18 is not more than 33 1/3%, ch						
					structions	

91-1883466 Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a 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))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	_	
	Yes	No
4		
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
_		
5a		
Fh		
5b 5c		
50		
6		
7		
_		
8		
9a		
Ja		
9b		
9с		
10a		
10b		
lule A (For	m 990)	2023

Par	t IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		<u> </u>
2	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? 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.	2		
Sect	tion C. Type II Supporting Organizations			
	_		Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ruction	s).	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on 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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	3 100. Goodhad in the fole played by the organization in this regard.			

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2023

Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continue	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	ì	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2021 AMOUNT: \$ 218,438. 2022 AMOUNT: \$ 321,917. 2023 AMOUNT: \$ 253,390.

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ARMED SERVICES YMCA OF THE USA

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

GRO	91-1883466				
Organization type (check or	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 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				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	•			
Special Rules					
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Folion 1. Complete Parts I and II.	d that received from any one			
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	ientific,			
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), but it must nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$2,117,904.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$732,024.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$385,314.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$363,341.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$312,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	Name, address, and ZIF + 4	\$ 275,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions \$ 235,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 209,321.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	rume, audi ess, and Eir T T	\$ 202,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	rumo, addi 000, una En TT	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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		\$185,598.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 16	Name, address, and ZIP + 4	### Total contributions 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18		\$\$	Person X Payroll			

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21		\$\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 22	Name, address, and ZIP + 4	Total contributions \$ 97,540.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24		\$\$	Person X Payroll			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$89,111.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$87,849.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$86,440.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$81,616.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$80,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30		\$80,000.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35		\$73,992.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36		\$	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)

Name of organization	Employer identification number
ARMED SERVICES YMCA OF THE USA	
CDOID DEMIDN	01_1993466

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$67,000.	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38		\$65,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39		\$65,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40		\$60,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
41		\$55,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
42		\$55,420.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)

Name of organization	Employer identification number
ARMED SERVICES YMCA OF THE USA	
CPOID DETIIDN	91_1883466

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	* \$ 45,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Name, address, and ZIF + +	\$ 30,527.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Name, address, and ZIF + 4	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$30,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	S30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	Numb, dudi 655, dilu Eli ^e T T	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ 29,595.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	\$\$ 25,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
67		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
68		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
69		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
70		\$17,025.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
71		\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
72		\$14,500.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$14,184.	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74		\$12,718.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75		\$10,225.	Person X Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76		\$10,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
77		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78		\$9,575.	Person Payroll Noncash X (Complete Part II for
			noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD/SUPPLIES 2 732,024. 01/12/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 4 385,314. 01/03/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 14 164,833. 03/17/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I TOYS 20 101,172. 11/06/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 25 89,111. 06/30/23 (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I TOYS AND CLOTHES 48 32,000. 10/11/23 \$

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 56 27,634. 07/13/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 57 25,779. 05/02/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I CLOTHES 64 24,000. 09/20/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I TOYS 68 20,263. 12/08/23 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I BABY SHOWER GIFTS, LUNCH, TRANSPORT 70 17,025. 03/21/23 (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I BABY BUNDLES 78 9,575. 07/01/23 \$

Partii	(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
0.0	SUPPLIES	_	
80		_	
		\$ 5,313.	04/11/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

RMED SE	RVICES YMCA OF THE USA						
ROUP RE				91-1883466			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, chart Use duplicate copies of Part III if additional sp	nrough (e) and the following line entriaritable, etc., contributions of \$1,000 or le	v. For organizations				
(a) No.	Osc duplicate copies of Fait III II additional sp	acc is riccucu.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transfe				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	3 ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relation			nsferor to transferee			

	LIST OF AFFILIATED CLUDED IN GROUP RETURN	STATEMENT 1
NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
ARMED SERVICES YMCA OF ALASKA	PO BOX 6272 - ELMEDORF AB, AK 99506	92-0016680
EL PASO ASYMCA	7060 COMINGTON SI EL PASO, TX 79930	74-1146782
HAMPTON ROADS REGIONAL ASYMCA	1465 LAKESDIDE ROAD - VIRGINIA BEACH, VA 23455	54-0525308
KILLEEN ASYMCA	110 MOUNTAIN LION RD HARKER HEIGHTS, TX 76548	74-1902832
ARMED SERVICES YMCA OKLAHOMA - LAWTON	860 NW CACHE RD LAWTON, OK 73507	73-0583931
CAMP PENDLETON ASYMCA	200090 ASH RD WIRE RD - CAMP PENDLETON, CA 92055	95-2486118
ARMED SERVICES YMCA OF HAWAII	100 MCCHORD ST, BLDG 1859 - JOINT BASE PEARL HARBOR, HI 96853	99-0075037
SAN DIEGO ARMED SERVICES YMCA	3293 SANTO ROAD - SAN DIEGO, CA 92124	95-1679700
ARMED SERVICES YMCA OF MISSOURI	P.O. BOX 18 - FORT LEONARD WOOD, MO 65473	43-1418023
ARMED SERVICES YMCA OF THE USA FAYETTEVILLE CHAPTER	439 WESTWOOD SHOPPING CENTER - FAYETTEVILLE, NC 28314-1532	56-2159770
TWENTYNINE PALMS ASYMCA	P.O. BOX 6002, 693 DEL VALLE RD TWENTYNINE PALMS, CA 92278	91-1883458
FORT CAMPBELL BRANCH	P.O. BOX 629 - FORT CAMPBELL, KY 42223	62-0491361

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 Inspection

Name of the organization

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number 91-1883466

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or	• • •	
Da	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space		.f
2	Complete lines 2a through 2d if the organization held a qualifi day of the tax year.	led conservation contribution in the form of	Held at the End of the Tax Year
_			
_	Total number of conservation easements		
b	•	ucture included on line 2e	
	Number of conservation easements on a certified historic strunder of conservation easements included on line 2c acqui		2C
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	sassa, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year
۰	Does each conservation easement reported on line 2d above	action the vacuirements of acction 170/h)	(A)(D)(i)
8	·	• • •	
9	and section 170(h)(4)(B)(ii)?		
3	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	ote to the organization's infancial stateme	The trial describes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

Par	ተ III │ Organizations Maintaining C	Collections of Art	t, Historical Tre	asures, or Othe	er Similar As	ssets _{(cont}	inued)			
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	ollowing that make s	significant use	of its				
	collection items (check all that apply).									
а	Public exhibition d Loan or exchange program									
b										
С										
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 of	or receive donations o	of art, historical treas	ures, or other simila	r assets					
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's col	lection?		Yes		No		
Par	t IV Escrow and Custodial Arran	gements Complet	te if the organization	answered "Yes" on	Form 990, Par	t IV, line 9, o				
	reported an amount on Form 990, Pa	art X, line 21.								
1a	Is the organization an agent, trustee, custod	lian, or other intermed	liary for contribution	s or other assets no	t included					
	on Form 990, Part X?					. Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
						Amou	nt			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2 a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or cu	stodial account liabi	ility?	Yes		_ No		
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been p	provided in Part XIII						
Par	t V Endowment Funds Complete i									
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		• • •			
	Beginning of year balance	93,204.	398,235.	507,400.	872.	444,872				
b	Contributions									
С	Net investment earnings, gains, and losses	nings, gains, and losses 81,858.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	38,150.	305,031.	109,075.	19,	330.				
f	Administrative expenses									
g	End of year balance	55,054.	93,204.	398,325.	507,	400.	444,	872.		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
	Permanent endowment100	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	•			_					
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	d administered for t	he		Yes	Na		
	organization by:					0 (1)				
	(i) Unrelated organizations?							X		
)			
	If "Yes" on line 3a(ii), are the related organiza					3b				
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
· u	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part X	line 10					
	·					(d) Do	ok valu			
	Description of property	(a) Cost or or basis (investment)	' '		Accumulated epreciation	(a) Bo	ok valu	е		
10	Land	,		,679,133.		1	.,679,	133		
	Land			,554,063.	8,084,933		, 469,			
	Buildings Leasehold improvements			,056,951.	1,085,393		., 1 05, .,971,			
				, 0 , 5 0 2 0	_,,,,,,,	<u> </u>	,-,-,			
	Equipment Other		4	,021,349.	3,472,597		548	752.		
	I. Add lines 1a through 1e. (Column (d) must e			•		_	5,668,			
ı otal	i Add iiries Ta trii odgit Te. (Column (d) must e	equal FOIIII 990, Part	A, III IE TUC, COIUMN	<u> </u>			, ,			

		Investments - Other Securities			r age -
		Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)	Financia	al derivatives			
		held equity interests			
	Other				
	(A)				
	(B)				
	(C)				
	(D)				
((E)				
((F)				
((G)				
((H)				
Tota	ıl. (Col. (l	b) must equal Form 990, Part X, line 12, col. (B))			
Pa	art VIII	Investments - Program Related.			
		Complete if the organization answered "Yes" or		-	
		(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) must equal Form 990, Part X, line 13, col. (B))			
P	art IX	Other Assets	a Farm 000 Dort IV line	11d Coo Form 000 Dort V line 15	
		Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(h) Dook value
		(a) D	escription		(b) Book value
	(1)				
	(2)				
	(3)				
	(4)				
	(5) (6)				
	(6) (7)				
	(<i>r)</i> (8)				
	(9)				
		mn (b) must equal Form 990, Part X, line 15, col.	(R))		
Pa	art X	Other Liabilities	(<u> </u>		
		Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.		(a) Description of liability			(b) Book value
	(1) Fed	eral income taxes			
		TO HEADQUARTERS			1,545,718.
	(3)				
	(4)				
	(5)				
	(6)				
	(7)				
	(8)				
	(9)				
		mn (b) must equal Form 990, Part X, line 25, col.	(B))		1,545,718.
	1. 1 - 1 - 1124	for a section of the			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Pai	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	38,854,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	822,068.		
b	Donated services and use of facilities	2b	2,328,931.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	8,413,923.		
е				2e	11,564,922.
3	Subtract line 2e from line 1			3	27,289,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,	4b	-1,710,755.		4 540 555
С				4c	-1,710,755.
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	monto With	Evnences per F	5 Coturn	25,579,226.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			41 015 241
1	Total expenses and losses per audited financial statements			1	41,015,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 .	2 220 021		
a			2,328,931.		
b		_			
C			12 3/8 077		
d	, , , , , , , , , , , , , , , , , , , ,		12,348,077.	0.0	14 677 008
e				2e 3	14,677,008. 26,338,233.
3	Subtract line 2e from line 1			3	20,330,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40			
a b					
C				4c	0.
5				5	26,338,233.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	20,330,233.
		ort IV lines 1b (and Oh: Dort V. line 4	. Dort V II	no O: Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P . 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	*		, Part X, II	ne 2, Part XI,
imes	and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	luditional inform	iation.		
PART	r V, Line 4:				
	. ,				
THE	PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED O	N BEHALF OF			
THE	BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATION	S. THESE			
		· · · · · · · · · · · · · · · · · · ·			
ARE	THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO FOUNDATION AND E	L PASO			
	'				
COM	MUNITY FOUNDATION. THE PURPOSE OF THESE FOUNDATION IS TO EN	SURE THE			
CON	FINUED SOCIAL, RECREATIONAL, EDUCATIONAL AND SPIRITUAL SERVI	CES TO			
MIL	ITARY MEMBERS AND FAMILIES IN THE RESPECTIVE AREAS/BRANCHES.				
PART	T X, LINE 2:				
ASY	MCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARN	ED FROM			
UNRI	ELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE I	NTERNAL			
REVI	ENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME	FOR THE			

Schedule D (Form 990) 2023 GROOF KETOKN		31-1003400	Page 5
Part XIII Supplemental Information (continued)			
YEAR ENDED DECEMBER 31, 2023, AND HAS BEEN CLASSIFIED AS AN O	ORGANIZATION		
THAT IS NOT A PRIVATE FOUNDATION.			
MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THE	AT ASYMCA HAD		
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO	гне		
CONSOLIDATED FINANCIAL STATEMENTS.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL			
STATEMENT	8,413,923.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
FUNDRAISING EXPENSE REPORTED ON LINE 8B	-1,508,389.		
COST OF GOODS SOLD REPORTED ON LINE 10B	-158,199.		
EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED			
ON LINE 9B	-44,167.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,710,755.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL			
STATEMENT	10,536,784.		
FUNDRAISING EXPENSE REPORTED ON LINE 8B	1,508,389.		
COST OF GOODS SOLD REPORTED ON LINE 10B	158,199.		
EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED			
ON LINE 9B	44,167.		
INTEREST RATE SWAP	100,538.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	12,348,077.		

SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

ARMED SERVICES YMCA OF THE USA

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

GROUP RETUR	RN					91-188346	6
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuant	tion of tion of fundra (includerofessi	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is ex	cempt from req	gistration

_			RETURN								age 2
Pa	ırt I										
		of fundraising event contributions a	and gross i		-EZ, li		ist ever		-	ts greater than \$5,	000.
				(a) Event #1		(b) Event #2		(c) Oth	er events	(d) Total even	
			FIR	EWORKS EVENT	GOLE	TOURNAMENT			12	(add col. (a) thro	ough
				(event type)		(event type)		(total	number)	col. (c))	
ne									•		
Revenue	1	Gross receipts		492,035.		356,63	34.		731,018.	1,579	,687.
	2	Less: Contributions		492,035.		356,63	34.		731,018.	1,579	,687.
	3	Gross income (line 1 minus line 2)									
	4	Cash prizes									
	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs									
Exp											
)irect	7	Food and beverages									
	8	Entertainment									
	9	Other direct expenses		424,696.		201,44	19.		882,244.	1,508	,389.
	10	Direct expense summary. Add lines 4 t		column (d)						1,508	,389.
	11	Net income summary. Subtract line 10	from line 3	, column (d)						-1,508	,389.
Pa	ırt l	II Gaming. Complete if the organize	zation ansv	ered "Yes" on Form	n 990,	Part IV, line 19,	or rep	orted m	ore than		
		\$15,000 on Form 990-EZ, line 6a.									
				(-) Disc.	(b) Pull tabs/instant	t	(-) OH-		(d) Total gaming	(add
Revenue				(a) Bingo		bingo/progressive bingo		(c) Other gaming		col. (a) through c	
š Š											
<u> </u>	1	Gross revenue							107,848.	107	,848.
S	2	Cash prizes									
ense											
Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses							44,167.	44	,167.
		Curior direct expenses		Yes %	\vdash	Yes	% [Yes	%		, = = : •
	6	Volunteer labor		No		No	/ X		/0		
						,					
	7	Direct expense summary. Add lines 2 t	hrough 5 ir	column (d)						44	,167.
		Not gaming income summany Subtract	t lina 7 fran	a line 1 column (d)						63	,681.
	0	Net gaming income summary. Subtract	t line / Iron	Time 1, column (a)						03	,001.
_	Г	tor the state(a) is which the examination	aandusta i	romina octivitica. A	v						
		ter the state(s) in which the organization the organization licensed to conduct gan		_						X Yes	No
						or				res _	NO
i.	11	No," explain:									
	_										
10a	We	ere any of the organization's gaming licer	nses revoke	ed, suspended. or te	ermina	ated durina the t	ax yea	r?		Yes X	No
		Yes," explain:					,				

ARMED SERVICES YMCA OF THE USA

Schedule G (Form 990) 2023 GROUP RETURN 9	1-1883466	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X 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	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		00.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130 -	70
14 Enter the hame 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?	X Yes	☐ No
 b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$	Ţ.	
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 \$6,296.		
Description of services provided CHARITABLE GAMING PULL TABS		
Description of services provided		
Director/officer		
17 Mandatoni distributions:		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	X Yes	□ Na
retain the state gaming license?		∟ 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 \$ 40,000.		01 101
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9,	9b, 10b,

332083 09-13-23 Schedule G (Form 990) 2023

ARMED SERVICES YMCA OF THE USA

Schedule G	(Form 990) GROUP	RETURN	91-1883466	Page 4
Part IV	(Form 990) GROUP Supplemental Information	(continued)		

SCHEDULE J (Form 990)

Compensation Information

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ARMED SERVICES YMCA OF THE USA

Name of the organization

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

GROUP RETURN

91-1883466

Part I Questions Regarding Compensation

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomisso of other organizations Approval by the board of 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b		4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		х
b	Any related organization?	5b		Х
_	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:			
а	The organization?	6a		х
b		6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.	0.0		
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
7		7		Х
7	not described on lines 5 and 62 If "Yes." describe in Part III			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
7 8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
				Х

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

Schedule J (Form 990) 2023

91-1883466 Page **2**

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHERI YERRINGTON	(i)	123,101.	10,000.	1,352.	22,199.	24,873.	181,525.	0.
EXECUTIVE DIRECTOR - KILLEEN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM NEY	(i)	153,773.	10,000.	298.	9,767.	305.	174,143.	0.
EXEC DIR - SAN DIEGO (THRU 05/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STANLEY MILLER	(i)	125,287.	5,000.	749.	15,757.	8,618.	155,411.	0.
VP OF OPS & ADMIN - SAN DIEGO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE K (Form 990) Department of the Treasury

Part I

Internal Revenue Service

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 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

Bond Issues

ARMED SERVICES YMCA OF THE USA

SEE PART VI FOR COLUMN (A) CONTINUATIONS

GROUP RETURN

Employer identification number 91-1883466

(a) l	ssuer name	(b) Issuer EIN	er EIN (c) CUSIP # (d) Date issued (e) Issue price		d (e) Issue price		(f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(f) Description of purpose		(g) De	(g) Defeased (h) On behal of issuer			If (i) Poole financin	
									Yes	No	Yes	No	Yes	No						
(ARMED SERVICE	ES YMCA OF THE U.S.A.																			
A PROJECT), SER	IES 2016A & SERIES 2016	26-1604618	NONE	08/31/16	9,3	27,977.	CAPITAL PRO	JECTS		Х		Х		х						
В																				
С														<u> </u>						
D																				
Part II Proceeds								1												
				A			В	С				D								
	s retired				,529,588.															
	s legally defeased			_	.327.977.															
	of issue				,321,911.															
	in reserve funds																			
	est from proceeds																			
6 Proceeds in refu					186,559.															
7 Issuance costs f8 Credit enhancer	· .				100,337.															
	expenditures from proceeds																			
	rures from proceeds				,141,418.															
	ceeds			***	, ,															
	roceeds																			
	tial completion				2017															
				Yes	No	Yes	No	Yes	No		Yes		No							
14 Were the bonds	issued as part of a refunding i	ssue of tax-exempt I	oonds (or,																	
if issued prior to	2018, a current refunding issu	ie)?			Х															
15 Were the bonds	issued as part of a refunding i	ssue of taxable bond	ds (or, if																	
issued prior to 2	018, an advance refunding iss	ue)?			Х															
16 Has the final allo	cation of proceeds been made	e?		х																
17 Does the organiz	zation maintain adequate book	s and records to su	pport the																	
final allocation o	f proceeds?			х																

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

Schedule K (Form 990) 2023

GROUP RETURN

rt III Private Business Use									
		Ą		E	3	()	[ָ
Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х							
Are there any lease arrangements that may result in private business use of									
bond-financed property?		Х							
Are there any management or service contracts that may result in private									
business use of bond-financed property?		Х							
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?									
Are there any research agreements that may result in private business use of									
bond-financed property?		Х							
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?									
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	%		%		%		%
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	%		%		%		%
Total of lines 4 and 5			%		%		%		——————————————————————————————————————
Does the bond issue meet the private security or payment test?		Х	,,,		,,		,,		7,0
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							
If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
disposed of			%		%		%		%
If "Yes" to line 8a, was any remedial action taken pursuant to Regulations			70		70		70		70
sections 1.141-12 and 1.145-2?									
Has the organization established written procedures to ensure that all									
nonqualified bonds of the issue are remediated in accordance with the									
•		x							
requirements under Regulations sections 1.141-12 and 1.145-2?									
itti Aibiii age		Α		F	2		2		<u> </u>
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
·	168	X		162	INO	162	140	168	INO
Penalty in Lieu of Arbitrage Rebate?									
If "No" to line 1, did the following apply?	х		+						
Rebate not due yet?	^	Х	+						
Exception to rebate?		X							
No rebate due?		^	_						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
performed	X								
Is the bond issue a variable rate issue?	Λ							edule K (Fo	<u> </u>

91-1883466

Schedule K (Form 990) 2023 GROUP RETURN			91-1	883400				Page :
Part IV Arbitrage (continued)								
		A B		3	С		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	Х							
b Name of provider	BRANCH BA	NKING AND						
c Term of hedge		10.0000000						
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		Х						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
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?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		x						
Part V Procedures To Undertake Corrective Action								
		Α	E	3	(;	D)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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 question	ns on Schedul	e K. See instru	ctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
(ARMED SERVICES YMCA OF THE U.S.A. PROJECT), SERIES 2016A & SERIES 201	6B							
								-

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number 91-1883466

Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Х 348,103,FMV Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Х 184 1,295,319, FMV Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (EVENT SUPPLIES Х 270 699,216,FMV 25 Other Х 37 249,259, FMV Other 26 27 Other (28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ARMED SERVICES YMCA OF THE USA

GROUP RETURN

Employer identification number 91-1883466

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:
HEALTH, WELLNESS AND RECREATIONAL PROGRAMS THAT SERVE AND SUPPORT
ACTIVE DUTY MILITARY FAMILIES IN COMMUNITIES ACROSS THE COUNTRY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ASYMCA OPERATES NATIONALLY ACCREDITED CHILD CARE PROGRAMS, STATE-
LICENSED CHILD CARE PROGRAMS IN THE COMMUNITY AND ON MILITARY BASES,
WHICH ARE SUBJECT TO DEPARTMENT OF DEFENSE INSPECTIONS. A UNIQUE CHILD
CARE PROGRAM THE ASYMCA OFFERS INSIDE OR NEAR MILITARY TREATMENT
FACILITIES IN 14 DIFFERENT LOCATIONS IS CHILDREN'S WAITING ROOM. THIS
DROP OFF CHILD WATCH SERVICE ENABLES SERVICE MEMBERS AND THEIR SPOUSES
TO ATTEND TO THEIR OWN OR ONE OF THEIR CHILDREN'S PHYSICAL OR MENTAL
HEALTH CARE NEEDS WITHOUT THE STRESS OR COST OF FINDING CHILD CARE FOR
ALL OR SOME OF THEIR CHILDREN AGES 0-12.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
CHILD CARE, CHILD DEVELOPMENT AND EARLY LEARNING POINTS OF SERVICES TO
MILITARY FAMILIES.
ASYMCA'S CORE PROGRAMS OFFERED AT BRANCHES AND AFFILIATES INCLUDE:

- FULL DAY, HALF DAY AND HOURLY CHILD CARE

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number
- BEFORE AND AFTER SCHOOL AGE CARE	31 1005100
- CHILDREN'S WAITING ROOM DROP OFF CHILD WATCH SERVICES	
- PRESCHOOL/PRE-K	
- OPERATION LITTLE LEARNERS PARENT PARTICIPATION EARLY LEARNING PROGRAM	
- OPERATION HERO AFTER SCHOOL ENRICHEMENT PROGRAM	
- SUMMER DAY CAMPS AND ENRICHMENT CAMPS, INCLUDING ROBOTICS, STEM,	
CREATIVE ARTS TOPICS	
- RESIDENT/OVERNIGHT CAMPS THAT BUILD FRIENDSHIPS, COMMUNITY AND	
HEALTHY HABITS THROUGH OUTDOOR ACTIVITIES	
- CHILDREN'S PLAYGROUPS	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS:	
RESEARCH SHOWS THAT ONE IN FOUR ACTIVE DUTY MILITARY FAMILIES REPORT	
BEING FOOD INSECURE. IN RESPONSE, THE ASYMCA IS PROUD TO PROVIDE A	
WELCOMING, JUDGEMENT-FREE ENVIRONMENT FOR MILITARY FAMILIES TO ACCESS	
FOOD ASSISTANCE ACROSS ALL 12 BRANCHES. MILITARY FAMILIES CAN SHOP AT A	
CLIENT-CHOICE FOOD MARKET WHERE THEY CAN SELECT FROM SHELF STABLE	
FOODS, FRESH AND FROZEN ITEMS, DAIRY, MEAT AND HEALTHY OPTIONS. IN	
ADDITION, MANY BRANCHES OFFER OTHER ITEMS INCLUDING BABY FORMULA, FOOD,	
DIAPERS AND WIPES, PERSONAL CARE ITEMS AND HOUSEHOLD CLEANING SUPPLIES.	
IN 2023, THE ASYMCA SERVED MORE THAN 100,000 FAMILIES AND DELIVERED	
MORE THAN 2.5 MILLION POUNDS OF FOOD.	
ASYMCA'S CORE SERVICES OFFERED AT BRANCHES AND AFFILIATES INCLUDE:	
- FOOD ASSISTANCE AND BABY CARE ITEMS	
- TEMPORARY EMERGENCY FINANCIAL ASSISTANCE	
- OPERATION RIDE HOME HOLIDAY TRAVEL ASSISTANCE	
	0-1

Schedule O (Form 990) 2023	Page 2
Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91–1883466
- OPERATION HOLIDAY JOY FOOD AND TOY DISTRIBUTIONS AND HOLIDAY EVENTS	
- MILITARY SPOUSE EMPLOYMENT PROGRAMS	
- OPERATION KID COMFORT DEPLOYMENT SERVICES	
- FINANCIAL LITERACY EDUCATION	
- NUTRITION LITERACY EDUCATION	
- VOLUNTEER OPPORTUNITIES	
ASYMCA'S HEALTH, WELLNESS AND RECREATIONAL PROGRAMS:	
THE ASYMCA SUPPORTS THE WHOLE PERSON AND THE WHOLE FAMILY FOR	
JUNIOR-ENLISTED MILITARY PERSONNEL, THEIR SPOUSES AND CHILDREN. ASYMCA	
KEEPS CHILDREN AND ADULTS ACTIVE AND CONNECTED TO THEIR COMMUNITY WHILE	
BUILDING AND MAINTAINING A HEALTHY LIFESTYLE. LOCAL PROGRAMS RANGE FROM	
SAFETY AROUND WATER EDUCATION TO YOUTH SPORTS LEAGUES AND PARENT/CHILD	
DANCES THAT ENCOURAGE BONDING AND PROVIDE FUN SOCIALIZATION ACTIVITIES.	
IN ADDITION, ASYMCA IS CONSIDERED THE "HOME AWAY FROM HOME" FOR MANY	
MILITARY FAMILIES WHO RELY ON RESOURCES, REFERALS AND INFORMATION TO	
SUPPORT A VARIETY OF NEEDS.	
IN SEVERAL LOCATIONS, THE ASYMCA OPERATES "WARRIOR CARE" PROGRAMS AND	
SERVICES FOR WOUNDED, ILL AND INJURED SERVICE MEMBERS AND THEIR	
CAREGIVING FAMILY MEMBERS TO ENJOY RECREATIONAL ACTIVITIES,	
COMPLIMENTARY TICKETS TO LOCAL EVENTS, THERAPY DOG VISITS, WOODWORKING	
SESSIONS, AND POOL THERAPY.	
ASYMCA'S HEALTH, WELLNESS AND RECREATIONAL PROGRAMS OFFERED AT BRANCHES	
AND AFFILIATES INCLUDE:	
- AQUATICS AND WATER THERAPY	
- SAFETY AROUND WATER SWIM LESSONS	
	- · · · · · · · · · · · · · · · · ·

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91–1883466
- BREAST CANCER AWARENESS GROUP	
- CPR /FIRST AID TRAINING	
- HEALTHY KIDS DAYS	
- PARENT/CHILD DANCES	
- WELLNESS PROGRAMS	
- WARRIOR SUPPORT PROGRAMS FOR WOUNDED, ILL AND INJURED SERVICE MEMBERS	
AND THEIR CAREGIVER SPOUSES AND CHILDREN	
- SPOUSE SOCIAL CRAFT AND CONVERSATION GROUPS	
- SUPPORT OF ENLISTED SPOUSES CLUB	
- SUPPORT GROUPS FOR PARENTS WITH CHILDREN OF SPECIAL NEEDS	
- GROUP EXERCISE CLASSES	
- PILATES AND YOGA CLASSES	
- WALKING GROUPS	
- HEALTHY LIVING AND DISEASE PREVENTIONS PROGRAMS	
- YOUTH SPORTS, CAMPS, AND LEAGUES	
- RESOURCES AND REFERRALS	
- MILITARY AND VOLUNTEER APPRECIATION EVENTS	
- TICKET GIVEAWAYS	
EXPENSES \$ 6,369,233. INCLUDING GRANTS OF \$ 8,370. REVENUE \$ 6,122,947.	
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	
MODIFIED AS NECESSARY AND THE PROGRAM DESCRIPTIONS ARE REVIEWED FOR	
ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.	

332212 11-14-23 Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91-1883466
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 (CDMO, COS, CHRO) 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 CHIEF OF STAFF 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,	

Name of the organization ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number 91–1883466
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	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INTEREST RATE SWAP -100,538.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to f	ile any of	the forms	
listed b	elow except for Form 8870, Information Return for Transfe	ers Associa	ted With Certain Personal Benefit C	ontracts.	An extensior	ı
request	for Form 8870 must be sent to the IRS in a paper format	(see instru	ctions). For more details on the elect	ronic filing	g of Form	
8868, v	isit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	profits.				
Caution	n: If you are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879	-TE for payment
instruct	ions.					
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	;
must u	se Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I -	Identification					
Type o	Name of exempt organization, employer, or other filer	r, see instru	uctions.	Taxpaye	r identification	on number (TIN)
Print	ARMED SERVICES YMCA OF THE USA					
	GROUP RETURN				91-188	33466
File by the due date t		ee instruct	ions.			
filing your return. Se						
instruction		oreign add	ress, see instructions.			
	WOODBRIDGE, VA 22193					
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	ation Is For	Return	Application Is For			Return
• • •		Code				Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4	720 (individual)	03	Form 5227			10
Form 9	90-PF	04	Form 6069			11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	90-T (trust other than above)	06	Form 5330 (individual)			13
	90-T (corporation)	07	Form 5330 (other than individual)			14
Form 1		08	,			
After	you enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	nly for an	extension o	f
	file Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,		
• If this	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
	lan Name		· ·			
P	lan Number					
P	lan Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The	books are in the care of HOLLY ROBERTSON, VP OF F	INANCE &	CHRIS HALEY, COS			
	14040 CENTRAL LOOP, SUIT					
Tele	phone No. 866-427-9622		Fax No.			
	e organization does not have an office or place of business	s in the Uni	ited States, check this box			
	s is for a Group Return, enter the organization's four-digit					
box	X . If it is for part of the group, check this box	_	ch a list with the names and TINs of			
1		VEMBER :	. 15 , 20 ²⁴ , to file	e the exen	npt organiza	tion return for
ti	ne organization named above. The extension is for the org	anization's			. •	
X	calendar year 20 23 or					
	tax year beginning	, 20	, and ending			, 20
						_ ,
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
Г	Change in accounting period					
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter the	tentative tax, less			
	ny nonrefundable credits. See instructions.	,		За	\$	0.
_	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$	0.
_	salance due. Subtract line 3b from line 3a. Include your pa			3.3	7	
	sing EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.