

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARMED SERVICES YMCA OF THE USA GROUP RETURN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14040 CENTRAL LOOP, SUITE B City or town, state or province, country, and ZIP or foreign postal code WOODBRIDGE, VA 22193		D Employer identification number 91-1883466
	F Name and address of principal officer: WILLIAM D. FRENCH SAME AS C ABOVE		E Telephone number 866-427-9622
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 33,445,709. H(a) Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number 9372
	J Website: WWW.ASYMCA.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1983 M State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ARMED SERVICES YMCA OF THE USA- SEE SCH. O FOR CONTINUATION		
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	40
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	827
	6	Total number of volunteers (estimate if necessary)	6	5000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	50,468.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,290,439.	19,807,627.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,469,994.	9,741,489.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	551,463.	24,152.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	267,330.	1,241,788.
			25,579,226.	30,815,056.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,795.	83,373.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,538,580.	14,295,827.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,196,266.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,771,858.	12,354,131.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,338,233.	26,733,331.	
19	Revenue less expenses. Subtract line 18 from line 12	-759,007.	4,081,725.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	42,557,979.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	10,690,765.	0.
		31,867,214.	0.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WILLIAM D. FRENCH, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KRISTEN BARNETT	KRISTEN BARNETT	08/27/25		P01234578
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	RSM US LLP 1001 WATER ST. STE. 500 TAMPA, FL 33602	42-0714325	813-316-2300		

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

Part III Statement of Program Service Accomplishments

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

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 No
 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 8,140,996. including grants of \$ 31,027.) (Revenue \$ 1,403,117.)
 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 2024, THE ASYMCA SERVED MORE THAN 363,000 MILITARY FAMILIES AND PROVIDED MORE THAN 1.5 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

4b (Code:) (Expenses \$ 5,972,698. including grants of \$ 22,763.) (Revenue \$ 3,068,169.)
 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.

THE ASYMCA OPERATES NATIONALLY ACCREDITED CHILD CARE PROGRAMS, STATE-

4c (Code:) (Expenses \$ 1,174,795. including grants of \$ 4,477.) (Revenue \$ 69,971.)
 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 2024, MORE THAN 1,200 STUDENTS PARTICIPATED IN OPERATION HERO. OVERALL, IN 2024, THE ASYMCA PROVIDED MORE THAN 905,000

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 6,587,184. including grants of \$ 25,105.) (Revenue \$ 5,200,232.)

4e Total program service expenses 21,875,673.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax shelter transactions, charitable contributions, and organizational compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AK, CA, HI, IL, KY, MO, NC, OK, TX, VA, WA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 HOLLY ROBERTSON, VP OF FINANCE & CHRIS HALEY, COS - 866-427-9622
 14040 CENTRAL LOOP, SUITE B, WOODBRIDGE, VA 22193

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERI YERRINGTON EXECUTIVE DIRECTOR - KILLEEN	40.00			X				148,096.	0.	41,001.
(2) STANLEY MILLER VP OF OPS & ADMIN - SAN DIEGO	40.00			X				143,526.	0.	25,694.
(3) FRANK MARTIN EXECUTIVE DIRECTOR - SAN DIEGO	40.00			X				166,574.	0.	2,363.
(4) SAMANTHA HOLT EXECUTIVE DIRECTOR - CP	40.00			X				142,646.	0.	19,585.
(5) SARAH RIFFER EXECUTIVE DIRECTOR - ALASKA	40.00			X				136,931.	0.	18,928.
(6) PATRICK BYRNE EXECUTIVE DIRECTOR - 29 PALMS	40.00			X				118,686.	0.	26,476.
(7) LAURA BAXTER EXECUTIVE DIRECTOR - HAMPTON	40.00			X				111,253.	0.	25,559.
(8) JEREMY HESTER EXECUTIVE DIRECTOR - FT BRAGG	40.00			X				89,473.	0.	42,477.
(9) KEOLA TANIGUCHI EXECUTIVE DIRECTOR - HONOLULU	40.00			X				106,343.	0.	15,678.
(10) HILLARY BREWER EXECUTIVE DIRECTOR - FT CAMPBELL	40.00			X				79,796.	0.	9,567.
(11) GEORGE ELSAESSER EXECUTIVE DIRECTOR (THRU 8/24) - EL	40.00			X				65,585.	0.	10,082.
(12) CHE' CASON EXECUTIVE DIRECTOR (THRU 10/24) - LA	40.00			X				70,858.	0.	178.
(13) SHELLEY EMPERATO EXECUTIVE DIRECTOR - FT LW	40.00			X				67,272.	0.	0.
(14) LAURIE MOORE EXECUTIVE DIRECTOR (THRU 4/24) - HON	40.00			X				52,527.	0.	7,369.
(15) WES WUCO EXECUTIVE DIRECTOR - PACIFIC NW	40.00			X				46,262.	0.	10,145.
(16) ZACHARY GULLER EXECUTIVE DIRECTOR (THRU 2/24) - FT	40.00			X				35,310.	0.	4,235.
(17) KIM MERCIER MOSELY EXECUTIVE DIRECTOR - PACIFIC NW	40.00			X				34,812.	0.	2,819.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JERRY JACOBITZ EXECUTIVE DIRECTOR - EL PASO	40.00			X				31,578.	0.	0.
(19) REGINA CRAWLEY EXECUTIVE DIRECTOR - NORFOLK CDC	40.00			X				15,253.	0.	751.
(20) ROBERT BROOKS BROWN, GEN, USA (CHAIRMAN)	1.00	X		X				0.	0.	0.
(21) JASON EVANS, LGEN, USA (RET) VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(22) BOYD WILLIAMS TREASURER	1.00	X		X				0.	0.	0.
(23) CHARLOTTE LA BELLE, USA (RET) SECRETARY	1.00	X		X				0.	0.	0.
(24) TIM ALLEN NATIONAL BOARD MEMBER	1.00	X						0.	0.	0.
(25) ANNIE ANDREWS, RADM, USN (RET) NATIONAL BOARD MEMBER	1.00	X						0.	0.	0.
(26) HENRY BONILLA NATIONAL BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,662,781.	0.	262,907.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,662,781.	0.	262,907.

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 8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PYRO SPECTACULARS, INC. PO BOX 2329, RIALTO, CA 92377	PRODUCTION, TECHNICAL SVCS & FIREWORKS	310,118.
H.P. PURDON & COMPANY INC. 747 GOLDEN PARK AVE., SAN DIEGO, CA 92106	PRODUCTION, TECHNICAL SVCS & FIREWORKS	296,674.
UMOJA SUPPLY CHAIN SOLUTIONS LLC, 13800 N FREEWAY, SUITE 200, HOUSTON, TX 77090	FOOD PANTRY SERVICES	275,539.
SAM'S CLUB PO BOX 530981, ATLANTA, GA 30353	FOOD PANTRY SERVICES	273,958.
JANI-KING OF AUSTIN, 2523 SOUTH LAKELINE BLVD., CEDAR PARK, TX 78613	CLEANING/JANITORIAL SERVICES	218,597.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JODY BRECKENRIDGE, VADM, USCG (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(28) ROBERT BURKE (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(29) RICARDO CHAMORRO (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(30) W. DAVID CROXVILLE (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(31) JO DECKER (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(32) DAVID HALVERSON, LTG, USA (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(33) JAMES HOLMES, GEN, USAF (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(34) LARRY HUGHES (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(35) ANDREA INSERRA (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(36) DIETRICH KUHLMANN, RADM, USN (R NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(37) ANTHONY KURTA, RADM, USN (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(38) SCOTT LIPPERT (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(39) JEREMY MARTIN, COL, USA (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(40) LYNN MCUMBER (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(41) ROXANNE MOORE (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(42) PATRICIA MULCAHY, COL, USA (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(43) MEG OGRADY (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(44) CHRIS PADILLA (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(45) TERRI PAGE, COL, USAF (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(46) TIM PAYNTER, CPO, USN (RET) (NATIONAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	101,941.				
	b Membership dues	1b					
	c Fundraising events	1c	2,263,107.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,595,082.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,847,497.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,203,466.				
	h Total. Add lines 1a-1f			19,807,627.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code					
		900099	6,305,501.	6,305,501.			
	b MEMBERSHIP DUES	900099	2,486,878.	2,486,878.			
	c GOVERNMENT CONTRACTS	900099	610,612.	610,612.			
	d RESIDENCE & RELATED SE	900099	338,498.	338,498.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,741,489.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		563,229.			563,229.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	726,599.			
			(ii) Personal				
				726,599.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	726,599.				
	d Net rental income or (loss)			726,599.		726,599.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	16,230.			
			(ii) Other				
				16,230.			
	b Less: cost or other basis and sales expenses	7b	0.	555,307.			
	c Gain or (loss)	7c	16,230.	-555,307.			
d Net gain or (loss)			-539,077.		-539,077.		
8 a Gross income from fundraising events (not including \$ 2,263,107. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		b Less: direct expenses	8b	1,997,712.			
		c Net income or (loss) from fundraising events			-1,997,712.		-1,997,712.
9 a Gross income from gaming activities. See Part IV, line 19	9a		100,117.				
		b Less: direct expenses	9b	49,649.			
		c Net income or (loss) from gaming activities			50,468.		50,468.
10 a Gross sales of inventory, less returns and allowances	10a		1,117,251.				
		b Less: cost of goods sold	10b	27,985.			
		c Net income or (loss) from sales of inventory			1,089,266.		1,089,266.
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		900099	1,373,167.			1,373,167.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			1,373,167.				
12 Total revenue. See instructions			30,815,056.	9,741,489.	50,468.	1,215,472.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	83,373.	83,373.		
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	1,956,595.	1,582,744.	240,493.	133,358.
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	10,444,724.	8,635,983.	1,089,795.	718,946.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	508,203.	359,619.	115,888.	32,696.
9 Other employee benefits	424,259.	300,217.	96,746.	27,296.
10 Payroll taxes	962,046.	680,770.	219,381.	61,895.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,711.	9,896.	2,487.	1,328.
c Accounting	612.	442.	111.	59.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,358,293.	914,027.	353,615.	90,651.
12 Advertising and promotion	318,428.	167,442.	117,066.	33,920.
13 Office expenses	4,232,437.	4,015,046.	196,906.	20,485.
14 Information technology	245,213.	58,335.	183,185.	3,693.
15 Royalties				
16 Occupancy	1,757,539.	1,451,894.	287,725.	17,920.
17 Travel	236,377.	117,981.	79,430.	38,966.
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	592,028.	506,910.	84,909.	209.
23 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 O.)				
a DONATED MATERIALS	3,203,465.	2,952,832.	243,333.	7,300.
b PROGRAM EVENTS	31,331.	27,250.	53.	4,028.
c MEMBERSHIP DUES	15,269.	3,876.	8,517.	2,876.
d UBIT TAXES	9,943.	7,036.	2,267.	640.
e All other expenses	339,485.		339,485.	
25 Total functional expenses. Add lines 1 through 24e	26,733,331.	21,875,673.	3,661,392.	1,196,266.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	4,607,479.	1	0.	
	2 Savings and temporary cash investments	4,284,582.	2	0.	
	3 Pledges and grants receivable, net	1,772,023.	3	0.	
	4 Accounts receivable, net	2,472,571.	4	0.	
	5 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	0.	
	6 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	0.	
	7 Notes and loans receivable, net		7	0.	
	8 Inventories for sale or use	8,623.	8	0.	
	9 Prepaid expenses and deferred charges	161,022.	9	0.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.			
	b Less: accumulated depreciation	10b	16,668,573.	10c	0.
	11 Investments - publicly traded securities	12,324,662.	11	0.	
	12 Investments - other securities. See Part IV, line 11		12	0.	
	13 Investments - program-related. See Part IV, line 11		13	0.	
	14 Intangible assets		14	0.	
	15 Other assets. See Part IV, line 11	258,444.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,557,979.	16			
Liabilities	17 Accounts payable and accrued expenses	1,843,932.	17		
	18 Grants payable		18		
	19 Deferred revenue	489,554.	19		
	20 Tax-exempt bond liabilities	6,438,396.	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	373,165.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,545,718.	25		
	26 Total liabilities. Add lines 17 through 25	10,690,765.	26		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	24,675,625.	27		
	28 Net assets with donor restrictions	7,191,589.	28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	31,867,214.	32		
	33 Total liabilities and net assets/fund balances	42,557,979.	33		

Part 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	30,815,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,733,331.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,081,725.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,867,214.
5	Net unrealized gains (losses) on investments	5	873,242.
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	-36,822,181.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,055,376.	11,925,978.	20,293,429.	13,290,439.	19,807,627.	76,372,849.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,055,376.	11,925,978.	20,293,429.	13,290,439.	19,807,627.	76,372,849.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						76,372,849.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	11,055,376.	11,925,978.	20,293,429.	13,290,439.	19,807,627.	76,372,849.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,263,124.	1,097,211.	1,066,049.	1,409,739.	1,289,828.	6,125,951.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,983.	53,332.	49,039.	57,385.	50,468.	245,207.
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.	1,373,167.	2,166,912.
11 Total support. Add lines 7 through 10						84,910,919.
12 Gross receipts from related activities, etc. (see instructions)					12	40,931,809.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	89.94 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	90.96 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(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.

2024 AMOUNT: \$ 1,373,167.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (ARMED SERVICES YMCA OF THE USA GROUP RETURN) and Employer identification number (91-1883466)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) organization, [] 4947(a)(1) trust, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt foundation, [] 4947(a)(1) trust, [] 501(c)(3) taxable 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 2,024,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 343,452.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 302,352.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 285,975.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 282,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 275,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 242,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 225,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 195,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 156,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 152,012.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 145,534.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 141,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 141,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 99,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 97,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 91,707.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 74,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 66,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 62,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ _____ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ _____ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ _____ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ _____ 53,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 51,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 50,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 49,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 38,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 36,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 26,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 22,137.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 21,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ _____	\$ _____ 20,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ _____ 20,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ _____ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ _____ 16,095.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ _____ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ _____ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ _____ 14,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ _____ 13,712.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 10,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
2	FOOD _____ _____ _____	\$ 343,452.	03/31/24
3	FOOD _____ _____ _____	\$ 302,352.	01/31/24
5	FOOD _____ _____ _____	\$ 285,975.	01/02/24
14	FOOD _____ _____ _____	\$ 152,012.	01/31/24
16	FOOD _____ _____ _____	\$ 145,534.	02/22/24
17	FOOD _____ _____ _____	\$ 141,829.	12/20/24

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

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
22	FOOD _____ _____ _____	\$ 91,707.	02/09/24
41	FOOD, HOUSHOLD, BABY ITEMS _____ _____ _____	\$ 50,000.	03/11/24
48	FOOD _____ _____ _____	\$ 38,700.	05/17/24
53	HOCKEY TICKETS _____ _____ _____	\$ 26,700.	03/23/24
59	FOOD _____ _____ _____	\$ 22,137.	03/01/24
63	SOQ _____ _____ _____	\$ 20,000.	06/26/24

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

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
66	FOOD _____ _____ _____	\$ 16,095.	08/24/24
72	BABY ITEMS _____ _____ _____	\$ 13,712.	05/02/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

FORM 990

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

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
ARMED SERVICES YMCA OF ALASKA	PO BOX 6272 - ELMEDORF AB, AK 99506	92-0016680
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)

(Rev. December 2024)

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

**Open to Public
Inspection**

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

Employer identification number
91-1883466

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	51,522,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	873,242.	
b	Donated services and use of facilities	2b	2,595,647.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	15,163,054.	
e	Add lines 2a through 2d		2e	18,631,943.
3	Subtract line 2e from line 1		3	32,890,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-2,075,346.	
c	Add lines 4a and 4b		4c	-2,075,346.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	30,815,056.

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

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

1	Total expenses and losses per audited financial statements		1	49,015,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,595,647.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	19,686,195.	
e	Add lines 2a through 2d		2e	22,281,842.
3	Subtract line 2e from line 1		3	26,733,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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	26,733,331.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE PERMANENT RESTRICTED FUNDS ARE HELD IN ENDOWMENTS CREATED ON BEHALF OF THE BRANCHES AND INVESTMENTS HELD BY LOCAL COMMUNITY FOUNDATIONS. THESE ARE THE LAWTON COMMUNITY FOUNDATION, SAN DIEGO FOUNDATION AND EL PASO COMMUNITY FOUNDATION. THE PURPOSE OF THESE FOUNDATION IS TO ENSURE THE CONTINUED SOCIAL, RECREATIONAL, EDUCATIONAL AND SPIRITUAL SERVICES TO MILITARY MEMBERS AND FAMILIES IN THE RESPECTIVE AREAS/BRANCHES.

PART X, LINE 2:

ASYMCA IS EXEMPT FROM FEDERAL INCOME TAX, EXCEPT ON INCOME EARNED FROM UNRELATED BUSINESS ACTIVITIES, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). ASYMCA HAD NO NET UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2024, AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED ASYMCA'S TAX POSITIONS AND CONCLUDED THAT ASYMCA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT 15,163,054.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE REPORTED ON LINE 8B -1,997,712.

Part XIII Supplemental Information (continued)

COST OF GOODS SOLD REPORTED ON LINE 10B	-59,315.
EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B	-18,319.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-2,075,346.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ACTIVITIES INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENT	17,531,553.
FUNDRAISING EXPENSE REPORTED ON LINE 8B	1,997,712.
COST OF GOODS SOLD REPORTED ON LINE 10B	59,315.
EXPENSES RELATED TO CHARITABLE GAMBLING ACTIVITIES REPORTED ON LINE 9B	18,319.
INTEREST RATE SWAP	79,296.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	19,686,195.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIREWORKS EVENT (event type)	SALUTE TO THE MILITARY (event type)	6 (total number)		
Revenue	1	Gross receipts	809,049.	419,645.	1,034,413.	2,263,107.
	2	Less: Contributions	809,049.	419,645.	1,034,413.	2,263,107.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	770,184.	325,835.	901,693.	1,997,712.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,997,712.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,997,712.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		100,117.	100,117.	
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			49,649.	49,649.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				49,649.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				50,468.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name OMAYRA ARROYO

Address P.O. BOX 6272 - JBER, AK 99506

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ 100,117. and the amount of gaming revenue retained by the third party \$ 14,400.

c If "Yes," enter the name and address of the third party:

Name LEAH PILI

Address P.O. BOX 241962 - ANCHORAGE, AK 99524

16 Gaming manager information:

Name SARAH RIFFER

Gaming manager compensation \$ 7,361.

Description of services provided GENERAL OVERSIGHT

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 40,000.

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	X
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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERI YERRINGTON EXECUTIVE DIRECTOR - KILLEEN	(i)	135,558.	10,000.	2,538.	18,639.	22,362.	189,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STANLEY MILLER VP OF OPS & ADMIN - SAN DIEGO	(i)	136,621.	6,100.	805.	16,508.	9,186.	169,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANK MARTIN EXECUTIVE DIRECTOR - SAN DIEGO	(i)	155,125.	10,000.	1,449.	0.	2,363.	168,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SAMANTHA HOLT EXECUTIVE DIRECTOR - CP	(i)	132,237.	10,000.	409.	17,160.	2,425.	162,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH RIFFER EXECUTIVE DIRECTOR - ALASKA	(i)	126,764.	10,000.	167.	17,941.	987.	155,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

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

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	3,013,777.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,327,977.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	186,559.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,141,418.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6	Total of lines 4 and 500 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

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

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

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		513,972.	FMV
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 trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	252	1,428,508.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROGRAM & EVENT)	X	241	1,081,992.	FMV
26 Other (TOYS)	X	33	178,994.	FMV
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported on 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 exempt purposes for the entire holding period?
 b If "Yes," describe the arrangement in Part II.
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 b If "Yes," describe in Part II.
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

SCHEDULE N
(Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

Employer identification number **91-1883466**

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	TRANSFERRED ALL ASSETS TO ASYMCA HQ	12/31/24	36,742,885.	COST	36-3274346	ARMED SERVICES YMCA OF THE USA 14040 CENTRAL LOOP WOODBRIDGE, VA 22193	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization?
- b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c** Become a direct or indirect owner of a successor or transferee organization?
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. **SEE PART III**

	Yes	No
2a	X	
2b	X	
2c		X
2d		X

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

Schedule N (Form 990) 2024

Part III Supplemental Information. Provide the information required by Part I, lines 2e, 3, and 6c, and Part II, line 2e.
Also complete this part to provide any additional information.

PART I, LINE 2E:

BOARD OF DIRECTORS LISTED IN THE PART VII ARE ALSO BOARD OF DIRECTORS OF
THE ASYMCA HQ.

PART I, LINE 6C:

ASYMCA GROUP MERGED WITH ASYMCA HQ.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	ARMED SERVICES YMCA OF THE USA GROUP RETURN	Employer identification number	91-1883466
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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:

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
- CHILDREN'S WAITING ROOM DROP OFF CHILD WATCH SERVICES
- PRESCHOOL/PRE-K
- OPERATION LITTLE LEARNERS PARENT PARTICIPATION EARLY LEARNING PROGRAM
- OPERATION HERO AFTER SCHOOL ENRICHMENT 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:

ASYMCA CORE SERVICES:

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 2024, THE ASYMCA SERVED MORE THAN 136,000 FAMILIES AND DELIVERED MORE THAN 3.4 MILLION POUNDS OF FOOD.

ASYMCA'S CORE SERVICES OFFERED AT BRANCHES AND AFFILIATES INCLUDE:

- FOOD ASSISTANCE AND BABY CARE ITEMS
- TEMPORARY EMERGENCY FINANCIAL ASSISTANCE

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

Schedule O (Form 990) (Rev. 12-2024)

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

- OPERATION RIDE HOME HOLIDAY TRAVEL ASSISTANCE
- 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, REFERRALS 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
- 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 \$ 6,587,184. INCLUDING GRANTS OF \$ 25,105. REVENUE \$ 5,200,232.

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

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

Employer identification number
91-1883466

ACCURACY. THE FINANCE/AUDIT COMMITTEES CONDUCTS THIS REVIEW BY EMAIL.

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

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

THE ASYMCA CONFLICT OF INTEREST POLICY IS REVIEWED AT THE FALL BOARD MEETING EACH YEAR. DURING THE BOARD MEETING ALL BOARD DIRECTORS MUST COMPLETE AND SIGN THE NEW FORM BEFORE THE MEETING ADJOURNS. THE FORMS ARE REVIEWED AND FILED WITH THE BOARD MINUTES FOR THAT YEAR. ANY BOARD MEMBERS NOT IN ATTENDANCE ARE MAILED A NEW CONFLICT OF INTEREST FORM AND THEY WILL BE CONTACTED FOR AS LONG AS IT TAKES TO GET THE SIGNED FORMS BACK AND FILED. THE KEY MEMBERS OF THE HEADQUARTERS STAFF (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, ALONG WITH THE Y-USA RECOMMENDED GENERAL SALARY INCREASE TO THE BRANCH BOARD CHAIRMAN FOR USE IN THEIR EVALUATION AND COMPENSATION REVIEW PROCESS.

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

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

FORM 990, PART VI, SECTION C, LINE 19:
THROUGH OUR WEBSITE [HTTP:WWW.ASYMCA.ORG](http://WWW.ASYMCA.ORG)

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTEREST RATE SWAP	-79,296.
TRANSFERRED OF ASSETS TO ASYMCA USA	-36,742,885.
TOTAL TO FORM 990, PART XI, LINE 9	-36,822,181.

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

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 instructions.

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• 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 & CHRIS HALEY, COS
14040 CENTRAL LOOP, SUITE 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) 9372. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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