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DLN: 93493131005192

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

Open to Public Inspection

temai Revenu			,	•	Inspection	
	2011 calendar year, or tax year beginning 01-01-201 C Name of organization	.1 and ending 12-31-201	.1	D Employer i	identification number	
Check if a	UNITED SERVICE ORGANIZATIONS INC			13-1610	451	
Name ch	Doing Business As			E Telephone		
Initial reti				(703)908	3-6400	
Terminate	2111 WILSON BLVD	ered to street address) Room/s	uite	G Gross receip	ots \$ 139,894,667	
Amended			_			
_	ARLINGTON, VA 22201					
Аррисацо						
	F Name and address of principal officer SLOAN GIBSON		H(a) Is the affilia	s a group reti	urn for ┌ Yes ┌ No	
	2111 WILSON BLVD 1200		aiiiia	tes.	1 165 14 110	
	ARLINGTON, VA 22201		1 ''	affiliates incl		
Tax-exer	npt status	4947(a)(1) or 527		•	st (see instructions) number ► 1291	
Websit	e:► HTTP //WWW USO ORG	(4)(1) 0. , 01.	H(c) Grou	p exemption	number F 1291	
			<u> </u>		<u> </u>	
	rganization		L Year of for	mation 1941	M State of legal domicile DO	
Part I	Summary					
1	Briefly describe the organization's mission or most si The USO lifts the spirits of America's troops and the					
3	The 050 lites the spirits of America's croops and the	ii idiiiiies				
2 3 4 5 6						
				F0/ - f - h +		
2	Check this box in the organization discontinued it			1	1	
3	Number of voting members of the governing body (Pa Number of independent voting members of the govern			3		
"	Total number of individuals employed in calendar yea			5		
	Total number of volunteers (estimate if necessary)			6		
72	Total unrelated business revenue from Part VIII, col			7a		
	Net unrelated business taxable income from Form 99			7 <u>6</u> 7b	<u> </u>	
		.,	Prio	r Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)			19,578,427		
	Program service revenue (Part VIII, line 2g)			5,106,373		
9 10 11	Investment income (Part VIII, column (A), lines 3		1,217,426			
끌 ₁₁	Other revenue (Part VIII, column (A), lines 5, 6d,			441,343		
12	Total revenue—add lines 8 through 11 (must equal					
- 12	12)		1	26,343,569		
13	Grants and similar amounts paid (Part IX, column (48,583,476		
14	Benefits paid to or for members (Part IX, column (A			0	0	
₽ 15	Salaries, other compensation, employee benefits (F 5-10)	Part 1X, Column (A), mes		29,082,469	31,540,368	
\$ 16a 16a 보	Professional fundraising fees (Part IX, column (A),	line 11e)		2,322,290	2,366,928	
∯ ь	Total fundraising expenses (Part IX, column (D), line 25) 19	,253,046				
L 17	Other expenses (Part IX, column (A), lines 11a-1:	1d, 11f-24e)		92,455,637	79,163,698	
18	Total expenses Add lines 13-17 (must equal Part	IX, column (A), line 25)	1	72,443,872	114,308,921	
19	Revenue less expenses Subtract line 18 from line	12	-	46,100,303	17,074,994	
s &				of Current	End of Year	
se-sep 20 21 21 22	Total accete (Dart V. line 15)		 	ear 49,341,591	61,437,573	
20 22 21	Total assets (Part X, line 16)			12,499,229		
E 21	Net assets or fund balances Subtract line 21 from			36,842,362		
				30,072,302	J J J J 7 7 7 2 3 7 2 3 3	
	Signature Block alties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of					
	*****			12-05-09		
ign	Signature of officer		Da	te		
lere	PHILIP PARISI CFO					
	Type or print name and title			T		
	Preparer's	Date	Check if self-	Preparer's tax (see instruction	payer identification number ons)	
aid .	signature		employed 🕨 🦵	, (see instructions)		
reparer's		-		EIN Þ		
lse Only	if self-employed), address, and ZIP + 4 2010 CORPORATE RIDGE SUITE 400)		LIIV F		
	MCLEAN, VA 22102			Phone no 🕨	(703) 847-7500	
	MCLEAN, VA 22102					

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

FUIIII	990 (2011)					Page ∠
Par		nt of Program Servenedule O contains a res				F
1	Briefly describe t	he organization's missio	n			
		MENT" OF THE ORGAN AND THEIR FAMILIES "		ADOPTED BY BOARD	IS AS FOLLOWS "THE USO I	LIFTS THE SPIRITS OF
2	Did the organizati		cant program se	ervices during the year	which were not listed on	Yes ✓ No
		these new services on S	chedule O		,	165 110
3	services?	on cease conducting, or		nt changes in how it co	nducts, any program 	Yes V No
4	Describe the orga expenses Section	nization's program servi n 501(c)(3) and 501(c)(ce accomplishr 4) organization:	s and section 4947(a)	ree largest program services, a (1) trusts are required to repor th program service reported	
	(Code) (Expenses \$	39,179,713	ıncludıng grants of \$	892,792) (Revenue \$	5,539,841)
	States, and Mobile Uplace where they ca	JSO Centers In 2011 USO Cer	nters were visited r ernet or telephone,	nore than 8 million times by play a video game, catch a	, UAE, Germany, Italy, Japan, Guam, v troops and their families USO provic movie, have a snack or just put thei	les a warm and comforting
4b	(Code) (Expenses \$	10,232,539	ıncludıng grants of \$	50,000) (Revenue \$)
		onty entertainers traveled to 2			spirits of our troops and their families han 296,000 troops and their families	
4c	(Code) (Expenses \$	15,894,134	ıncludıng grants of \$	66,000) (Revenue \$)
	troops and troops in those in remote area to computers with fr 2011, the USO shipp time for our service connecting a deploy	remote locations In 2011, mas of the world Provide connece high speed internet bandwided phone cards to more than men and women in 2011 Proced parent with their children be	ore than 213,000 certivity with friends addth, and internet a 250 locations arounded support for mack home through	are packages, 342 USO2Go and family through a privar access for their own comput nd the globe In Southwest ilitary children to help famili United Through Reading (o	ng, sports/musical equipment and per bundles, and 142 holiday boxes were te phone network that allows troops t ers, as well as, distribute free internal Asia alone, more than 28 million minu es deal with the challenges of deploying ver 60,000 recordings sent in 2011), the erent" and other various programs	e delivered to troops including o make free calls home, access tional pre-paid calling cards. In ites were logged in free talk ments and homecomings by
	(Code) (Expenses \$	14,408,934	ıncludıng grants of \$) (Revenue \$)
	Provide awareness a	and outreach programs				
	(Code USO Warnor and Far) (Expenses \$ mily Care	1,996,119	including grants of \$	229,135) (Revenue \$)
4d	Other program s (Expenses \$	ervices (Describe in Sc 16,405,053 in	hedule O) cluding grants (of \$ 229,	135) (Revenue \$)
4e	Total program se	ervice expenses +\$	81,711,43	39		

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b		No
	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? If "Yes," complete Schedule D, Part VIII.	11c		No
	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? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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</i> "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot \cdot$	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 277			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	.		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		.		1
a	Did the organization have unrelated business gross income of \$1,000 or more during the vear?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 50	165	
a	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕨 IT , JA , AE , KS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
u	The state of the manufaction of the state of			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1				
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
ט	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c	ایرا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response to any question in this Part VI . . .

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphenical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in 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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
4.0		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	451	Ç	
c	rise to conflicts?	12b	Yes	
•	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶CT , HI , IL , NJ , OH , PA , SC , TN , VA	, WA		
18	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 KRISTINE SHUMACKVP-CONTROLLER 2111 WILSON BLVD 1200

ARLINGTON, VA 22201

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

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

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

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	on (de than s per offic	C) o no n one son er ar	t che e bo: is bo nd a	eck x, oth		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
See Additional Data Table		for related organizations in Schedule	Highest compensated employee Key employee Officer Institutional Trustee or director		Former		MISC)	I			
	See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	Average Position (do not check hours more than one box, per unless person is both week an officer and a (describe director/trustee) 2								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
See A	dditional Data Table													
												\top		
												\top		
												\top		
1b	Sub-Total				•	٠.		F						
С	Total from continuation sheets	to Part VII, Sec	tion A			•		•		2.111.211				125 120
<u>d</u>	Total (add lines 1b and 1c) . Total number of individuals (incli			thos	مادد	· ·	· ahove) wh	receive	3,141,814	ın.	0		425,189
2	\$100,000 of reportable compens						above) VV IIV	J Teceive	ed more tha				
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch	•				ey e	employ	ee, d	or highes	st compens	ated employee			
4	For any individual listed on line 1					nens	sation	• and	other co	mnensation	· · ·	3		No
-	organization and related organiza													
5	Did any person listed on line 1a	receive or accri	· · Je comi	• oensa	• ation	• n fron	· · m anv	• unre	· · ·	· · ·	or individual for	4	Yes	
	services rendered to the organiz										•	5		No
	ection B. Independent Con	tractors												
1	Complete this table for your five	hıghest comper												
	\$100,000 of compensation from or within the organization's tax y	ear	п керо	ort co	mpe	nsa	tion fo	r tne	calenda	ır year endi	ng with			
		(A) ne and business ad	dress							Desci	(B) ription of services		(C Compe	
535 F	n Linen Associates Inc lifth Ave 31st Floor YORK, NY 10017									DM Fundrais	er		4	,509,500
VEE 0	Corporation aSalle Ave Ste 1750									ENT Producti	on		2	2,204,216
Polari	EAPOLIS, MN 55402 s Direct echnology Drive									Printing			2	2,143,248
Interr	(SET, NH 03106 national Data Management White Pond Drive									Data Manage	ement		1	1,556,901
AKRO	ms Whittle Associates									Jaca Flanage				
711 F	rincess Street ANDRIA, VA 22314									Marketing Ag	jency			751,972

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 ►46

Part V	<u> </u>	Statement of Kevenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u> </u>	1a	Federated campaigns 1a 2,16	6,150				
至草	ь	Membership dues 1b					
ಕ್	c	Fundraising events 1c 2,94	5,921				
्रहें			<u> </u>				
<u>≅</u> ,ਰ	d	Related organizations 1d	I				
હ∄	e	Government grants (contributions) 1e 18,25	0,129				
호조	f	All other contributions, gifts, grants, and 1f 102,91	7,353	į		į	
至至		similar amounts not included above					
≣ਰ	g	Noncash contributions included in 14,671,201					
Contributions, gifts, grants and other similar amounts	<u>.</u>	lines 1a-1f \$	<u>.</u>	126,279,553			
ပ္က	h	Total. Add lilles 1a-11		120,273,333			
<u> </u>		Business C	ode				
몵	2a	USO CENTER	900099	5,439,778	5,439,778		
35 38	ь	PUBLICATIONS ADVERTISING	541800	100,063		100,063	
<u>எ</u>	_c						
Š	_						
Š	d						
Ē	e						
Program Serwce Revenue	f	All other program service revenue	T				
Š		Total Add lines 2s 2f		E E00 044			
	g	Total. Add lines 2a-2f	-	5,539,841			
	3	Investment income (including dividends, interest	<u> </u>	272.470			272 472
		and other similar amounts)		373,179			373,179
	4	Income from investment of tax-exempt bond proceeds	•	0			
	5	Royalties		0			
		(ı) Real (ıı) Persoi	nal				
	6a	Gross rents					
	Ь	Less rental expenses					
	c	Rental income					
	l .	or (loss)					
	d	Net rental income or (loss)					
		(I) Securities (II) Other					
	7a	Gross amount 6,458,854 from sales of	2,156				
		assets other than inventory					
	Ь	· • • • • • • • • • • • • • • • • • • •	98,937				
		other basis and sales expenses					
	c		96,781				
	d	Net gain or (loss)	—	-84,540	-84,540		
Other Revenue	8a	Gross income from fundraising events (not including \$ 2,945,921					
Š		of contributions reported on line 1c) See Part IV, line 18					
ď		_	94,379				
Ā	Ь	1	54,324				
₹	, c	Net income or (loss) from fundraising events	D4,324 ►	-959,945			-959,945
_	9a	Gross income from gaming activities	}	,- \-			-,- >-
		See Part IV, line 19					
	ь	Less direct expenses b					
	C	Net income or (loss) from gaming activities	.*	0			
	10a	Gross sales of inventory, less returns and allowances .	57,048				
	ь		10,878				
	c c	Net income or (loss) from sales of inventory		146,170	109,660	36,510	
		Miscellaneous Revenue Business C					
	11a	MISC INCOME		89,657			89,657
	Ь		+				
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	•	89,657			
	12	Total revenue. See Instructions	▶	131,383,915	5,464,898	136,573	-497,109

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<u></u>	neck if Schedule O contains a response to any question in this Part IX			<u>l .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,181,827	1,181,827		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	56,100	56,100		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,623,527	1,001,730	1,339,854	281,943
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	23,519,307	18,944,609	2,446,293	2,128,405
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,440,212	1,136,140	161,973	142,099
9	Other employee benefits	2,068,337	1,545,952	339,161	183,224
10	Payroll taxes	1,888,985	1,525,584	197,162	166,239
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	489,042	221,449	172,901	94,692
c	Accounting	138,996		138,996	
d	Lobbying	180,011		180,011	
е	Professional fundraising See Part IV, line 17	2,366,928			2,366,928
f	Investment management fees	26,388		26,388	
g	Other	5,935,465	3,679,152	1,837,215	419,098
12	Advertising and promotion	1,393,794	922,616		471,178
13	Office expenses	8,559,952	4,257,686	2,087,561	2,214,705
14	Information technology	5,283,163	4,970,240	290,015	22,908
15	Royalties	0			
16	Occupancy	1,297,642	769,651	294,754	233,237
17	Travel	6,041,712	5,428,213	221,364	392,135
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	357,133	240,187	52,347	64,599
20	Interest	0			_
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,602,319	2,477,559	62,380	62,380
23	Insurance	313,364	198,735	76,108	38,521
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BAD DEBT EXPENSE	233,156	743		232,413
b	SUBSCRIPTION, DUES, TRAINING	231,992	41,135	118,848	72,009
С	PRINTING AND PRODUCTION	19,952,967	7,275,286	3,078,381	9,599,300
d	PROGRAM SUPPLIES / SUPPORT	25,081,981	25,075,478		6,503
e					
f	All other expenses	1,044,621	761,367	222,724	60,530
25	Total functional expenses. Add lines 1 through 24f	114,308,921	81,711,439	13,344,436	19,253,046
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation	27,813,757	7,612,757	5,998,674	14,202,326 rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year ol 1 1 11.507.426 17.460.090 2 3 12,459,231 14,261,273 325.613 4 536.848 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 7 0 2.013.246 5.943.774 9 799.500 1,494,131 Prepaid expenses and deferred charges 19,384,731 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 9,197,474 b Less accumulated depreciation 10,452,350 10c 10,187,257 11,784,225 11,554,200 11 12 12 Investments—other securities See Part IV, line 11 13 0 13 0 Investments—program-related See Part IV, line 11 . . ol 0 14 14 15 0 15 49,341,591 61,437,573 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 12,001,624 7,570,368 17 17 Accounts payable and accrued expenses . 18 18 19 497,605 19 383,950 20 ol 20 Ω 21 Escrow or custodial account liability Complete Part IV of Schedule D . . ol 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 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 25 n D 26 12,499,229 26 7,954,318 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 26,981,272 31,269,661 Unrestricted net assets 9,836,090 28 22,188,594 28 Temporarily restricted net assets Fund 29 25,000 29 25,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 36.842.362 33 53.483.255 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 49.341.591 34 61.437.573

Pal	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		131,3	383,91
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3	17,0		074,99
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,842,		342,36
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 4	134,10
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		53,4	183,25
Pai	The Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

MB NO 1343-00

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization
UNITED SERVICE ORGANIZATIONS INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

13-1610451

									113 1010			
	rt I			blic Charity Sta						nstructions	5	
he o	rganız	zation is	not a privat	te foundation becaus	eitis (Forl	ines 1 thro	ough 11, chec	k only one l	oox)			
1	Γ	A churc	h, convent	on of churches, or a	ssociation of	fchurches	section 170(b)(1)(A)(i)				
2	\sqcap	A school	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sche	dule E)					
3	Γ	A hospi	tal or a coo	perative hospital se	rvice organiz	zation desc	rıbed ın secti	on 170(b)(1	l)(A)(iii).			
4	Γ			h organization operat ity, and state	ted in conjun	ction with	a hospital des	scribed in s e	ection 170(b)	(1)(A)(iii).	Enter the	
5	Γ	An orga	ınızatıon op	erated for the benefi	t of a college	e or univers	ity owned or	operated by	a governmer	ntal unit des	cribed in	
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)							
6	Γ	A feder	al, state, or	local government or	r government	tal unit des	cribed in sect	ion 170(b)	(1)(A)(v).			
7	⊽	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of its	s support fron	n a governm	nental unit or i	from the gen	ieral public	C
8	Г			described in sectior		A)(vi) (Co	mplete Part I	Ι)				
9	<u></u>			at normally receives					abutions, mer	mbership fee	s, and gro	SS
-	•	_		ities related to its e					•	•	-	
				oss investment inco								
				ganızatıon after June						cax, nom b	asinesses	
0	_			ganized and operated								
1	<u>'</u>			ganized and operated ganized and operated						to carry out	the nurne	coc of
. •	'	one or r the box	more public	ly supported organiz bes the type of supp b Type I	ations descr oorting organ	ibed in sec ization and	tion 509(a)(1	.) or sectior es 11e thro	n 509(a)(2) S ugh 11h	see section !		.Check
e	Γ	other th	nan foundati 509(a)(2)	ox, I certify that the on managers and otl	her than one	or more pu	ıblıcly suppor	ted organiza	ations describ	oed in section	on 509(a)(1) or
f g		check t	hıs box	received a written do 2006, has the organi						III support	ıng organı	zation,
_			g persons?	, 3	,	, 3			,			
		(i) a pe	rson who dı	rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	scribed in (ii))	Yes	No
		and (III)	below, the	governing body of th	ne the suppor	rted organi	zatıon?			119	g(i)	<u> </u>
		(ii) a fa	mily membe	er of a person descrı	bed in (i) abo	ove?				119	J(ii)	<u> </u>
		(iii) a 3	5% control	led entity of a perso	n described i	ın (ı) or (ıı)	above?			11g	(iii)	<u> </u>
h		Provide	the followi	ng information about	the supporte	ed organıza	ition(s)					
(i) Name support organiza		ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in f your	(vi Is th organiza col (i) org in the U	ne tion in ganized	A mo	/ii) unt of port?
				instructions))	Yes	No	Yes	No	Yes	No		
				•								
a+ a l											1	

Support Schedule for Organizations Described in IRC 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.)

-	ection A. Public Support	ne organization	Talls to quality	under the tests	listed below, pie	ase complete	Part III.)
	endar year (or fiscal year beginning	1 () 2007	(1) 2000	() 2000	(1) 2010	() 2011	(5) T + 1
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	75,715,02	79,893,014	100,897,551	119,578,427	126,279,553	502,363,572
	not include any "unusual grants ")						
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						
4	charge	75,715,02	7 79,893,014	100,897,551	119,578,427	126,279,553	502,363,572
4	Total. Add lines 1 through 3 The portion of total contributions	75,715,02	7 79,093,014	100,097,331	119,570,427	120,279,333	302,303,372
5	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						502,363,572
S	ection B. Total Support						
	endar year (or fiscal year	(-) 2007	(h) 2000	(=) 2000	(4) 2010	(-) 2011	(6) Takal
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	75,715,027	79,893,014	100,897,551	119,578,427	126,279,553	502,363,572
8	Gross income from interest,						
	dividends, payments received	2 222 455	2.075.027	1 507 763	217 420	272 170	C F0F 044
	on securities loans, rents,	2,322,455	2,075,027	1,597,763	217,420	373,179	6,585,844
	royalties and income from similar sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly	137,553	200,950	111,649	114,098	136,573	700,823
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	298,160	772,902	685,403	1,353,667	89,657	3,199,789
	from the sale of capital	250,100	,,,,,,,,	303,103	1,333,007	05,057	3,133,103
	assets						
11	Total support (Add lines 7 through 10)						512,850,028
12	Gross receipts from related activ	ities. etc. (See ins	structions)			12	29,166,844
13	First Five Years If the Form 990 i			third fourth or	fifth tay year as a		
	check this box and stop here	o o. gaa		.,,	cax year ab a	(-)(-) - · ga	▶ [
	ection C. Computation of Pu			11! (5)		T T	
14	Public Support Percentage for 20	-		11 column (r))		14	97 955 %
15	Public Support Percentage for 20					15	96 967 %
16a	33 1/3% support test—2011. If the and stop here. The organization q	_		•	line 14 is 33 1/3%	or more, check	this box ►✓
Ь	33 1/3% support test—2010. If t				6a, and line 15 is 3	33 1/3% or more	
	box and stop here. The organization				,	,	▶ □
17a	10%-facts-and-circumstances tes						
	is 10% or more, and if the organiz						
	ın Part IV how the organization m	eets the "facts ar	nd circumstances"	test The organiz	zation qualifies as	a publicly suppo	
L	organization	- 2010 Tf+ha	anniantion did not	abaak a bay as l	no 12 16 - 16 -	r 17a and line	►
D	10%-facts-and-circumstances tes 15 is 10% or more, and if the org						
	Explain in Part IV how the organic						V
	supported organization		and encume		z z. gamzación quai	as a pasilei	' ▶□
18	Private Foundation If the organiz	ation did not chec	k a box on line 13	, 16a, 16b, 17a c	or 17b, check this	box and see	• •
	instructions				•		▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 13-1610451

Name: UNITED SERVICE ORGANIZATIONS INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code Provide awareness) (Expenses \$ and outreach programs	14,408,934	including grants of \$) (Revenue \$)
(Code USO Warrior and F) (Expenses \$ amıly Care	1,996,119	including grants of \$	229,135) (Revenue \$)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		tion that a		/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Sloan D Gibson President / CEO	60 0	Х		х				401,374	0	50,439
Gen Richard B Myers Chairman / Director	2 0	Х		х				0	0	0
Jed Becker Director	2 0	Х						0	0	0
Raymond Caldiero Director	1 0	Х						0	0	0
Tom R Del Valle Director	1 0	Х						0	0	0
Hon Gordan England Dırector	1 0	Х						0	0	0
SgtMaj John Estrada Director	2 0	Х						0	0	0
William M Gershen Director	1 0	Х						0	0	0
James Hamilton Director	2 0	Х						0	0	0
Dr Maynard Howe Dırector	1 0	Х						0	0	0
Lında Parker Hudson Dırector	2 0	Х						0	0	0
Gen Jim Jones Director	1 0	Х						0	0	0
Curt Kolcun Dırector	1 0	Х						0	0	0
Chrıs Kubasık Dırector	2 0	Х						0	0	0
Debra Langford Director	1 0	Х						0	0	0
VADM John Lockard Director	1 0	Х						0	0	0
RADM Thomas C Lynch Director	1 0	Х						0	0	0
Robert A Martinez Director	1 0	Х						0	0	0
David J McIntyre Director	2 0	Х						0	0	0
Christopher Michel Director	1 0	Х						0	0	0
Curt Motley Director	1 0	Х						0	0	0
Lisa Borin Ogden Director	1 0	Х						0	0	0
Michael H O'Shea Director	1 0	Х						0	0	0
Gen Peter Pace Director	1 0	Х						0	0	0
Michael Phelps Director	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(tion that a		y)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kenneth O Preston Director	1 0	X						0	0	0
Lt Gen Harry D Raduege Director	1 0	Х						0	0	0
Leonel R Roche Director	1 0	Х						0	0	0
Karl-Heinz Stahl Director	1 0	Х						0	0	0
Dennis Swanson Director	1 0	Х						0	0	0
Sue Timken Director	1 0	Х						0	0	0
Louis A Weil Director	1 0	Х						0	0	0
Alicin Williamson Director	1 0	Х						0	0	0
Ed Wilson Director	1 0	Х						0	0	0
Philip Parisi Treasurer / CFO	50 0			×				292,867	0	40,379
Jack Flanagan Secretary / SVP, Operations	50 0			×				131,217	0	22,846
Jennifer Giglio Exec Board Liaison Secretary	40 0			×				95,228	0	17,877
John I Pray EVP, Chief of Staff	50 0				x			304,647	0	27,162
Frank Thorp SVP, Marketing & Comms	50 0				×			263,789	0	28,918
Kellı Seely SVP, Development	50 0				x			246,959	0	26,291
Tammy Heiser SVP, Human Resources	50 0				×			238,574	0	43,027
John Hanson SVP	50 0				×			206,471	0	39,347
Alan Reyes SVP, Operations	50 0				x			57,926	0	8,091
Thomas Kolstad VP, Pacıfic	40 0					Х		197,786	0	26,045
Gary Bıbeau VP, Southwest Asıa	40 0					Х		195,459	0	29,491
Catherine Martens VP, Corporate Development	40 0					Х		192,833	0	17,915
Walter Murren VP, Europe	40 0					Х		163,781	0	21,549
Gena Fitzgerald VP, Communications	40 0					x		152,903	0	25,812

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DLN: 93493131005192

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	orga	ınızatıo	n	
UNITED) SERVI	CE OR	GANIZAT	IONS	INC

Employer identification number

13-1610451

Part I-A	Complete if the organization is exem	pt under section 501(c) or is a section 527	' organization.

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete i	if the org	<u>anization is</u>	exempt und	<u>er section</u>	501(c)(3	<u>3).</u>

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

Sc	hedule C	nedule C (Form 990 or 990-EZ) 2011 Pag									
E	Part II-A	_	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (under section $501(h)$).	election							
Ā	Check	Γ	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, expenses, and share of excess lobbying expenditures)	address, EI							
<u>B</u>	Check	Г	ıf the filing organization checked box A and "limited control" provisions apply								

	Limits on Lobbying E (The term "expenditures" means ar		01	(a) Filing rganization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		180,011	
c	Total lobbying expenditures (add lines 1a and 1	b)		180,011	
d	O ther exempt purpose expenditures		81,531,428		
e	Total exempt purpose expenditures (add lines 1		81,711,439		
f	Lobbying nontaxable amount Enter the amount to columns		1,000,000		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
					_
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-			
i	Subtract line 1f from line 1c If zero or less, ente				

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying non-taxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 139,989 195,000 180,000 180,011 Total lobbying expenditures 695,000 250,000 Grassroots non-taxable amount 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493131005192

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

UNITED SERVICE ORGANIZATIONS INC		12.1610451	
Part I Organizations Maintaining Donor	Advised Funds or Other Similar	13-1610451 Funds or Acco	unts. Complete if the
organization answered "Yes" to Form 9	990, Part IV, line 6.		·
	(a) Donor advised funds	(b) Funds	and other accounts
. Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to the			☐ Yes ☐ No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit			┌ Yes
Part II Conservation Easements. Complete	e if the organization answered "Yes	" to Form 990, Pa	art IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	tion or pleasure)	a certified historic	structure
easement on the last day of the tax year			
		Held a	t the End of the Year
a Total number of conservation easements		2a	
b Total acreage restricted by conservation easement		2b	
c Number of conservation easements on a certified h	, ,	2c	
d Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans the taxable year -	ferred, released, extinguished, or termin	ated by the organiza	ation during
Number of states where property subject to conser	vation easement is located ►		
Does the organization have a written policy regardi enforcement of the conservation easements it hold		andling of violations	s, and Yes No
Staff and volunteer hours devoted to monitoring, in:	specting and enforcing conservation eas	ements during the v	∕ear ►
A mount of expenses incurred in monitoring, inspec			
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section	┌ Yes ┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financ		
art III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasure	s, or Other Sim	ilar Assets.
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue state d for public exhibition, education or rese	ment and balance s earch in furtherance	
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these item	r public exhibition, education, or researc		
(i) Revenues included in Form 990, Part VIII, line	1	► \$_	
(ii) Assets included in Form 990, Part X		▶ - ⊄	
If the organization received or held works of art, his following amounts required to be reported under SF		s for financial gain,	
a Revenues included in Form 990, Part VIII, line 1		► \$	

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	<u>, Hist</u>	oric	ai irea:	sures, or O	the	r Similar Asse	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	owing that	are a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or e	xchange progr	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how	they	further th	e organızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								Yes	┌ No
Par	Part IV, line 9, or reported an an					ion answered	Y" I	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary f	forco	ntribution	s or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	followi	ng ta	ble	_				
								Amo	unt	
c	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
е	Distributions during the year					-	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete									
1.	Reginning of year balance	(a)Current Year 10,786,595	(b)⊦	Prior Y	ear (c 398,200	Two Years Back 47,205,44	_)Three Years Back (58,468,164	e)Four Y	ears Back
1a L	Beginning of year balance	10,700,333			0	47,203,44.	1	0		
b	Contributions	108,718		1	151,282	9,692,75	7	-11,262,721		
C	Investment earnings or losses	100,718			262,887	9,092,73	_	-11,202,721		
d	Grants or scholarships	+		47,,	0					
е	Other expenditures for facilities and programs									
f	Administrative expenses	22,967			0					
g	End of year balance	10,872,346		10,	786,595	56,898,20)	47,205,443		
2	Provide the estimated percentage of the yea	r end balance held a	ıs		,			•		
а	Board designated or quasi-endowment	99 770 %								
ь	Permanent endowment ► 0 230 %									
c	Term endowment ►									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	hat a	re held an	d administered	for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)	1	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	•					٠	3b	Yes	<u> </u>
4	Describe in Part XIV the intended uses of th									
Par	Land, Buildings, and Equipme	ent. See Form 99	u, Par	Γ						
	Description of property				Cost or othe (investmen			(c) Accumulated depreciation	(d) Bo	ok value
	and						\downarrow			
	Buildings		•				\downarrow			
c l	easehold improvements					8,736,	211	3,396,667		5,339,544
-										
	quipment		•			2,717,	600	2,084,924		632,676
d E	quipment	· · · · · ·				2,717, 7,930,	-	2,084,924 3,715,883		632,676 4,215,037

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	+ , ,	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,	Cost or end-of-year market value
10 1011 (10 1011 (1) 1011	•	
Part IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
(4) 5 66611	P 4.10.11	(b) book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	0	
2 Fin 48 (ASC 740) Footnote In Part VIV provide the tex	-	

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 - 8		9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and	9	10	
Part	Reconciliation of Revenue per Audited Financial State		er Re	turn
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	[3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total Revenue Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line		5	
Part	Reconciliation of Expenses per Audited Financial State	ements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements		₁	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line		5	
	t XIV Supplemental Information	,		
			. 157 1	41 121

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

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

Identifier	Return Reference	Explanation
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	THE BOARD DESIGNATED PORTION OF THE ENDOWMENT IS RESTRICTED TO ASSIST THE USO IN DELIVERING ITS PROGRAMS AND SERVICES FOR MANY YEARS INTO THE FUTURE THESE BOARD DESIGNATED CONTRIBUTIONS AND INVESTMENT EARNINGS ARE AVAILABLE TO FUND OPERATIONS, HOWEVER, CONTRIBUTIONS/EARNINGS HAVE NOT BEEN SPENT TO DATE
Liability for Uncertain Tax Position (ASC 740)	Schedule D, Part X, Line 2	USO IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION USO IS exempt from federal income tax under Section 501(a) of the Internal Revenue Code (IRC) of 1986, as amended, as an organization described in IRC Section 501(c)(3) However, income generated from activities unrelated to USO's exempt purpose is subject to tax under IRC Section 511 USO did not have any material unrelated business income tax liability for the years ended December 31, 2011 and 2010 Therefore, no tax liability has been provided in the accompanying consolidated financial statements US GAAP requires that a tax position be recognized or derecognized based on a "more likely than not" threshold This applies to positions taken or expected to be taken in a tax return USO does not believe its consolidated financial statements include any uncertain tax positions for the open tax years

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DLN: 93493131005192

OMB No 1545-0047

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990,

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

	ne of the organization	CINC			Employer ident	ification number
ז או ר	TED SERVICE ORGANIZATION:	SINC			13-1610451	
Pa	General Informatio "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			s to substantiate the	amount of the grants of	or
	assistance, the grantees' eli	gibility for the	grants or assis	stance, and the select	ion criteria used to awa	rd
	the grants or assistance?					│ Yes │ No
2	For grantmakers. Describe in Pa United States	art V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed [)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	East Asia and the Pacific	20	65	Program Services	SEE PART V	4,159,376
	Europe (Including Iceland and Greenland)	21	76	Program Services	SEE PART V	6,818,749
	Middle East and North Africa	9	44	Program Services	SEE PART V	7,496,999
	South Asia	9	52	Program Services	SEE PART V	4,053,149
3:	Sub-total	59	237	1		22,528,273
	b Total from continuation sheets					,, - ,

59

22,528,273

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
Identifier	ReturnReference	Explanation
Schedule F, Part I, Line 3e	DESCRIPTION OF SERVICES IN EACH REGION	PROVIDE CARE PACKAGES, TELEPHONE CARDS AND OTHER MEANS OF COMMUNICATION TO ALLOW MILITARY PERSONNEL ACCESS TO THEIR FAMILIES WHILE AWAY FROM HOME PROMOTE INTERCULTURAL UNDERSTANDING AND ORIENTATION TO NEW COMMUNITIES, CULTURAL AND HISTORICAL TOURS INTO LOCAL INTERNATIONAL COMMUNITIES PROVIDE FAMILY AND COMMUNITY RECREATION, REFRESHMENTS, HOLIDAY ACTIVITIES, VIDEOS, MUSIC AND LITERATURE PROVIDE LANGUAGE TRANSLATION, TRANSPORTATION OPTIONS, CURRENCY CONVERSION, AREA MAPS AND GUIDANCE
	I	Cahadula E (Farma 000) 2011

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DLN: 93493131005192

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

13-1610451

Name of the organization	
UNITED SERVICE ORGANIZATIONS	ΙN

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Employer identification number

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mail solicitations
- b Internet and e-mail solicitations
- c Phone solicitations
- d
 ✓ In-person solicitations

- e 🔽 Solicitation of non-government grants
 - Solicitation of government grants
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No						
Worth Linen Associates	DR Program		No	54,824,535	4,509,500	50,315,035			
Kellogg Organization Inc	OECCC campaign		No	9,927,570	360,000	9,567,570			
Foundation Management Group Grnt Wrtr Campaign			No	415,500	105,000	310,500			
The Grayson Group Local Fund program			No	56,924	30,000	26,924			
OMP Direct	DR Web		No	6,584,222	420,000	6,164,222			
Total				71,808,751	5,424,500	66,384,251			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Pai	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
			Gala	DFW Pats event	23	(Add col (a) through col (c))		
Reveilue			(event type)	(event type)	(total number)			
	1	Gross receipts	1,853,850	565,310	1,021,140	3,440,300		
₽ E	2	Less Charitable contributions	1,699,050	557,790	689,081	2,945,921		
	3	Gross income (line 1 minus line 2)	154,800	7,520	332,059	494,379		
	4	Cash prizes						
မာ	5	Non-cash prizes						
SUSE	6	Rent/facility costs						
Expenses	7	Food and beverages						
Drea	8	Entertainment						
౼	9	Other direct expenses .	764,313	19,066	670,944	1,454,323		
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(1,454,323)		
	11	Net income summary Combine III	_			-959,944		
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	,		
ds		\$15,000 on Form 990-EZ, lir	ne 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming		
Revenue			(a) billigo	bingo/progressive bingo	(c) o their gaining	(Add col (a) through col (c))		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Г Yes Г No	┌ Yes	1		
	7	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate No," Explain	gaming activities in eac	h of these states?				
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	· · Fyes FNo		

Name 🟲

Gaming manager compensation ► \$

Description of services provided 🟲

Director/officer Employee Independent contractor

17 Mandatory distributions

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Address of professional fundraisers		Worth Linen Associates 535 Fifth Avenue, 31st Fl New York, NY 10017 Kellogg Organization, Inc 825 East Speer Boulevard, Suite 100-D Denver, Colorado 80218 Foundation Management Group 1055 Thomas Jefferson St, NW, Washington, DC 20007 The Grayson Group 433 East Las Conlinas Blvd, Irving, TX 75039 OMP Direct 1133 19th street, NW Suite 300, Washington, DC 20036

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

OMB No 1545-0047

Employer identification number

DLN: 93493131005192

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

UNITED SERVICE ORGANIZATIONS		J 6:-t				13-1610451	
Part I General Informatio 1 Does the organization maintain the selection criteria used to aw 2 Describe in Part IV the organization	records to substant ward the grants or as	ate the amount of the sistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
Enter total number of section 50Enter total number of other orga		_				_	21

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) USO DESERT STORM EDUCATION FUND	12	56,100			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside U S	, ,	USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH THE FORMS AND SCHEDULES SET FORTH IN THE RELATED POLICIES AND PROCEDURE MANUALS REGULARLY REQUIRED REPORTS INCLUDE FINANCIAL REPORTS AND PROGRAM ACTIVITY REPORTS

Schedule I (Form 990) 2011

Software ID: **Software Version:**

EIN: 13-1610451

Name: UNITED SERVICE ORGANIZATIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United Sta							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO of South Texas PO BOX 7 Corpus Christi, TX 78403	74- 1478872	501(c)(3)	10,625				Revenue Share
USO Greater Los Angeles203 World Way 200 Los Angeles,CA 90045	95- 2302811	501(c)(3)	88,618				Revenue Share
USO GeorgiaPO BOX 20963 201 New Bridge Street Atlanta, GA 30320	58- 0917673	501(c)(3)	81,378				Revenue Share
USO Greater JacksonvillePO BOX 108 Jacksonville,FL 32212	59- 1052424	501(c)(3)	61,967				Revenue Share
USO Hampton RoadsPO BOX 7250 Los Angeles International Airport Hampton, VA 23666	54- 1305517	501(c)(3)	105,037				Revenue Share
USO Illinois330 S Wabash Ave16th Fl Chicago,IL 60604	36- 2349617	501(c)(3)	16,106				Revenue Share
USO Metropolitan DC228 McNair Road Fort Myer, VA 22211	53- 0204665	501(c)(3)	68,362				Revenue Share
USO Metropolitan NY625 8th Ave North New York, NY 10018	13- 2500122	501(c)(3)	148,499				Revenue Share
USO Missouri10701 Lambert Int blvd St Louis, MO 63145	43- 1237410	501(c)(3)	31,703				Revenue Share
USO North CaliforniaSFIAP Terminal 1 San Francisco, CA 94128	56- 0532315	501(c)(3)	8,475				Revenue Share
USO Palm Springs Palm Springs Airport Palm Springs, CA 92262	95- 2302811	501(c)(3)	5,595				WW Day Room
USO Pennsylvania & South NJPHL Terminal D Philadelphia, PA 19153	23- 1426011	501(c)(3)	49,089				Revenue Share
USO Puget Sound 17801 International Seattle, WA 98158	91- 0573116	501(c)(3)	60,511				Revenue Share
USO San Diego303 A Street 100 San Diego, CA 92101	95- 1644030	501(c)(3)	110,824				Revenue Share
USO North Carolina PO Box 298 Jacksonville, NC 28541	56- 0532315	501(c)(3)	59,122				Revenue Share
Airpower Foundation PO Box 8728 Bldg 1050 Fort Worth, TX 76124	75- 2828493	501(c)(3)	50,000				Donation
Iraq and Afghanistan Veterans of America 292 Madison Ave New York, NY 10017	20- 1664531	501(c)(3)	12,500				Donation
The Moyer Foundation2426 32nd Ave West 625 8th Avenue North Seattle, WA 98199	91- 2065051	501(c)(3)	75,000				Grant to fund
Tragedy Assistance Program for Survivors1777 F Street NW Washington, DC 20006	92- 0152268	501(c)(3)	10,000				Donation
Wreaths Across AmericaorgPO Box 256 Harrington, ME 14623	20- 8262270	501(c)(3)	20,000				Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wyakın Warrıor Foundatıon9249 W Bay Stream Ct Garden Cıty, ID 83714	27- 1674941	501(c)(3)	100,000				Grant to fund

DLN: 93493131005192

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNITED SERVICE ORGANIZATIONS INC

Department of the Treasury

Internal Revenue Service

Employer identification number

13-1610451

Pa	rt I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the					
	▼ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do	lıne 1a escribe	, did the organization provide any non-fixed in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Sloan D Gıbson	(I) (II)	292,897 0	90,000 0	18,477 0	27,300 0	23,139 0	451,813 0	0
(2) John I Pray	(I) (II)	238,750 0	65,000 0	897 0	23,296 0	3,866 0	331,809 0	0
(3) Philip Parisi	(I) (II)	243,282 0	49,000 0	585 0	23,763 0	16,616 0	333,246 0	0
(4) Frank Thorp	(I) (II)	228,542 0	34,350 0	897 0	23,701 0	5,217 0	292,707 0	0
(5) Kellı Seely	(I) (II)	214,124 0	32,250 0	585 0	20,209 0	6,082 0	273,250 0	0
(6) Tammy Heiser	(ı) (ıı)	197,384 0	40,800 0	390 0	20,597 0	22,430 0	281,601 0	0
(7) John Hanson	(ı) (ıı)	203,897 0	0 0	2,574 0	18,900 0	20,447 0	245,818 0	0
(8) Jack Flanagan	(I) (II)	112,023 0	0 0	19,194 0	11,136 0	11,710 0	154,063 0	0
(9) Thomas Kolstad	(I) (II)	111,610 0	0 0	86,176 0	14,114 0	11,931 0	223,831 0	0
(10) Gary Bıbeau	(I) (II)	145,136 0	0	50,323 0	16,390 0	13,101	224,950 0	0
(11) Catherine Martens	(I) (II)	180,843 0	9,000 0	2,990 0	7,669 0	10,246 0	210,748 0	0
(12) Walter Murren	(I) (II)	162,461 0	0 0	1,320 0	14,709 0	6,840 0	185,330 0	0
(13) Gena Fıtzgerald	(I) (II)	151,613 0	0 0	1,290 0	10,397 0	15,415 0	178,715 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Housing allowance or residence for personal use	1 '	A HOUSING ALLOWANCE IN THE AMOUNT OF \$33,000 WAS PROVIDED TO THOMAS KOLSTAD IN HIS ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC
Travel for companions	Part I, Line 1a	THE PRESIDENT AND CEO OF THE USO MAY BE ACCOMPANIED BY HIS/HER SPOUSE ON OFFICIAL USO BUSINESS IF SPECIFIC BUSINESS PURPOSE IS SUPPORTED SPOUSAL/COMPANION/FAMILY TRAVEL BY OTHER EMPLOYEES IS NOT REIMBURSED BY THE USO, UNLESS SPECIFICALLY AUTHORIZED BY THE CEO AND IN COMPLIANCE WITH IRS REGULATIONS COACH IS THE AUTHORIZED CLASS OF TRAVEL UPGRADES ARE ALLOWABLE BY EMPLOYEES UNDER THE FOLLOWING CIRCUMSTANCES 1) THE EMPLOYEE PAYS THE DIFFERENCE IN FARE THEMSELVES OR USES AIR MILES FROM THEIR PERSONAL ACCOUNT 2) MEDICAL CONDITIONS REQUIRE BUSINESS CLASS TRAVEL 3) SAFETY, SERVICE AND ENVIRONMENT ARE CLEARLY INFERIOR 4) BUSINESS CLASS TRAVEL IS ALLOWABLE FOR INTERNATIONAL TRAVEL (TRAVEL OUTSIDE OF YOUR REGIONS) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6 HOURS
Severance payment or change of control payment		SEVERANCE IN THE AMOUNT OF \$26,654 WAS PAID TO THOMAS KOLSTAD DUE TO HIS DEPARTURE IN THE ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC
Non-fixed payments	Schedule J, Part I, Line 7	The amounts shown in Part II, Column B (II) for the key employees were paid based on 2011 achievement of organizational goals and overall individual contributions and accomplishments and were approved by the Executive Committee of the Board. The amount shown Part II, Column B (II) for the VP, Corporate Development was paid based on prior year written performance plan and approved by management.

Schedule J (Form 990) 2011

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SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization UNITED SERVICE ORGANIZATIONS INC **Employer identification number**

-					13-1610451			
Pa	rt I Types of Property	(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications	Х		479,098	Cost/Selling Price			
5	Clothing and household							
	goods	X			Cost/Selling Price			
	Cars and other vehicles	X	10	74,786	Cost/Selling Price			
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	44	896,993	Cost/Selling Price			
	Securities—Closely held stock .							
L 1	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation							
	contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—Other							
	Collectibles							
	Food inventory	Х	3,830	4,085,675	Cost/Selling Price			
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ▶()							
	Other ► ()				T			
29	Number of Forms 8283 received for which the organization compl				29		1 1	
	B				4 20 11	_	Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
QUESTION 32B		THE USO WORKS WITH CAR PROGRAM LLC IN ORDER TO GENERATE FUNDRAISING REVENUE FROM DONATED VEHICLES CAR PROGRAM LLC ADMINISTERS THE ARRANGEMENT FOR TOWING, RECEIPT DISTRIBUTION, FOLLOW-UP SALES, TITLE PROCESSING, APPRAISAL (IF REQUIRED), SALE AT AUCTION OR DISMANTLER, AND DISTRIBUTION OF SALES

Schedule M (Form 990) 2011

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2011

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SCHEDULE O (Form 990 or 990-EZ)

UNITED SERVICE ORGANIZATIONS INC

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization

Employer identification number

13-1610451

ldentifier	Return Reference	Explanation
Members or Stockholders	Form 990, Part VI, Line 6	The membership of the USO shall consist of two classes of members (1) Voting members consisting of Members of USO's Board of Governors during their term of service and (2) Non-voting members consisting of members of the armed forces of the United States currently on active duty, representatives, as may be designated by USO's Board of Governors, from the Organizations set forth in USO's congressional charter, up to nine persons designated by the President of the United States, their term of membership being conterminous with such President's incumbency, and any other persons who meet the criteria established by the Board of Governors for Membership

ldentifier	Return Reference	Explanation
Members or Stockholders Who May Elect or Appoint	Form 990, Part VI, Line 7a	At the annual meeting, the voting members shall elect members of the Board of Governors and take such other action as may be appropriately submitted to them by the Board of Governors. Election of the Board of Governors, or action on any other matters, shall be by the affirmative vote of the majority of voting members present in person or by proxy and entitled to vote at the meeting, provided those present in person or by proxy constitute a quorum Additionally, up to six persons appointed by the President of the United States, their term being conterminous with such President's incumbency, may serve on the Board of Governors

ldentifier	Return Reference	Explanation					
Form 990 Review Process	Form 990, Part VI, Line 11b	A copy of the draft 990 was provided to all board members, officers, and key employees prior to its filing with the IRS. The process was conducted in April and May 2012. Meeting minutes reflect the review and discussion of the IRS form 990 at the finance committee meeting held in May. An outside accounting firm prepares and reviews the Form 990.					

ldentifier	Return Reference	Explanation						
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	The conflict of interest policy is the policy that requires USO's Governors, Officers, and other employees to avoid any situation which may constitute a conflict of interest, that is, any situation which an individual uses or could use his or her position with the USO for personal gain to an individual, members of the individual's family, or other organizations with whom the individual is affiliated, to the actual or potential detriment of the USO. The Board of Governors has established a policy with reference to conflicts of interest applicable to the Board of Governors. Disclosure of potential conflicts are reviewed by CEO, CFO and outside counsel. Any individuals that have a conflict of interest are prohibited from deliberations and voting on a transaction.						

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Line 15a & b	The compensation is established by the USO Board of Governors after an independent, outside review of industry surveys, compensation studies and other data to ensure that executive compensation is within the range of that paid to comparable executives of comparable organizations for comparable services and therefore reasonable. These reviews are performed on a biannual basis by an independent outside consultant for the following positions. CEO, CFO, SVP Entertainment/Programs, SVP Operations, SVP Executive Office, SVP Development, SVP Marketing and Communications, SVP HR, and Chief of Staff. The last review was performed in 2010 for all positions listed except for the Chief of Staff, as this was a new position in 2011.

ldentifier Return Reference		Explanation
How Documents are Made Available to the Public	Form 990, Part VI, Line 19	Financial statements are made available on the USO website. The Governing documents and conflict of interest policies are made available upon request.

ldentifier	Return Reference	Explanation
Form 990, Part VIII, Line 8c	Net Loss From Fundraising Events	Net income from fundraising events is \$1,985,976, of which \$1,089,537 is attributable to the annual USO Gala. The presentation of net loss from fundraising events of \$959,945 as shown on Part VIII LN 8C needs additional explanation due to the exclusion of the portion of gross receipts that are considered contributions. These amounts are reported as fundraising events contributions on Part VIII LN 1C. The contribution portion is calculated as the difference between the contributor's payment and the retail value of what is provided from the fundraising event.

Identifier	Return Reference	Explanation		
Form 990, Part XI, Line 5	Explanation of Changes in Net Assets/Fund Balances	Unrealized Loss -434,101		

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJed Becker TITLE Director HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Philip Parisi TITLE Treasurer / CFO HOURS 2

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMEJennifer Giglio TITLE Exec Board Liaison Secretary HOURS 1

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DLN: 93493131005192

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

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Department of the Treasury
Internal Revenue Service

(Form 990)

Internal Revenue Service					411/	ispection	ш
Name of the organization UNITED SERVICE ORGANIZATIONS INC				Employer id	lentification number		
Part I Identification of Disregarded Entities (Comp	olete if the organizatio	n answered "Yes"	on Form 990, Pai	*			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	f the organization	answered "Yes" o	on Form 990, Pa	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Us Direct controlling entity	(g) Section 512(b)(1: controlled organization	
(1) USO Foundation						Yes	No
2111 Wilson Blvd Suite 1200 Arlington, VA 22201 20-8861567	FOUNDATION	VA	501(C)(3)		11 USO INC		
20 0001307							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	135Y	<u> </u>	Schedule R (Form 990	2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership			

chedule R (Form 990) 2011		Ρa	age 3		
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			Ī		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No		
b Gift, grant, or capital contribution to related organization(s)	1b		No		
c Gift, grant, or capital contribution from related organization(s)	1 c		No		
d Loans or loan guarantees to or for related organization(s)	1d		No		
e Loans or loan guarantees by related organization(s)	1 e		No		
f Sale of assets to related organization(s)	1f	_	No		
g Purchase of assets from related organization(s)	1g	_	No		
h Exchange of assets with related organization(s)	1h		No		
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No		
Lease of facilities, equipment, of other assets to related organization(e)		1	+		
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No		
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No		
l Performance of services or membership or fundraising solicitations by related organization(s)	11		No		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes			
n Sharing of paid employees with related organization(s)	1n	Yes			
 Reimbursement paid to related organization(s) for expenses 	10		No		
p Reimbursement paid by related organization(s) for expenses	1p	_	No		
h Kellibulsellent paid by leiated digalization(s) for expenses			 		
q Other transfer of cash or property to related organization(s)	1 q		No		
r Other transfer of cash or property from related organization(s)	1r		No		

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) USO Foundation	m	8,000	
(2) USO Foundation	n	40,490	
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011