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DLN: 93493133035443

# Form **990**

Department of the Treasury Internal Revenue Service

### **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)

OMB No 1545-0047

Open to Public Inspection

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

\ Fo	r the	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-	31-2012			
		applicable	C Name of organization	01 2012	D Employe	er ide	entification number
_	tress ch		UNITED SERVICE ORGANIZATIONS INC				
_		-	Doing Business As		13-161	U 4 5	1
_	ne cha	-					
Inıt —	ıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/s 2111 WILSON BLVD	uite	E Telephon	e num	nber
Ter	mınate	ed	Suite 1200	(703)9	N8-6	5400	
Am	ended	return	City or town, state or country, and ZIP + 4		(/03/)	-	
– App	olication	n pending	ARLINGTON, VA 22201		<b>G</b> Gross rec	eipts	\$ 132,288,152
			<b>F</b> Name and address of principal officer	H(a) is	this a group re	eturr	for
			SLOAN GIBSON	1	filiates?	ccuii	┌ Yes ┌ No
			2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201				
			AKEMOTOR, VA 22201				ıded? TYes TNo
Tax	x-exen	npt status	✓ 501(c)(3)	T 11	"No," attach a	list	(see instructions)
147	- 1:4	<b>F</b> UT		H(c) G	roup exemptio	n nu	mber ► 1291
w	ebsite	<b>e: ₽</b> H I	TP //WWW USO ORG				
<b>C</b> Form	n of or	ganızatıon	Corporation Trust Association Other	<b>L</b> Year o	of formation 1941	L M	State of legal domicile DC
Pa	rt I	Sum	ımary				
	1	Briefly d	escribe the organization's mission or most significant activities				
			O lifts the spirits of America's troops and their families				
Š	,						
ACUMUES & SOVEIIIGIICE							
	,	Chack th	his box দ if the organization discontinued its operations or disposed	of more tha	n 2 E % of its n	ot 20	cots
2		CHECK	ins box F) If the organization discontinued its operations of disposed	or more tha	111 25 70 01 165 11	ecas	ssets
) K	3	Number	of voting members of the governing body (Part VI, line 1a)		1	3	33
?			of independent voting members of the governing body (Part VI, line 1b		<b>—</b>	4	32
			mber of individuals employed in calendar year 2012 (Part V, line 2a)		<del>-</del>	5	462
5			mber of volunteers (estimate if necessary)		<del>-</del>	6	11,766
ζ	l		related business revenue from Part VIII, column (C), line 12		<u> </u>	 7a	80,856
			elated business taxable income from Form 990-T, line 34		: : : <b>-</b>	7b	-22,636
	-		nated pasitions taxable income nonity of the system of the		rior Year	Ť	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)	-	126,279,55	: 3	124,682,173
ā	9		am service revenue (Part VIII, line 2g)	5,539,84	_	5,060,694	
Rayenue		_	tment income (Part VIII, column (A), lines 3, 4, and 7d)		288,63	_	
î	10		revenue (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	•	325,741	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	,,	-724,11	. 0	-538,328
	12		· · · · · · · · · · · · · · · · · · ·	16	131,383,91	. 5	129,530,280
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,237,92	27	12,434,278
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)			0	0
	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines				
8		5-10	)		31,540,36	8	33,017,467
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	2,366,92	28	1,804,577	
ੜੇ	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶20,021,744				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,163,69	8	77,959,705	
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		114,308,92	21	125,216,027
	19	Reven	nue less expenses Subtract line 18 from line 12		17,074,99	94	4,314,253
5 <del>0</del>				Begin	ning of Current	:	End of Year
2 Œ					Year	_	
300	20		assets (Part X, line 16)		61,437,57	_	70,530,783
rechased a Fund Balances	21		liabilities (Part X, line 26)	•	7,954,31	_	12,305,767
	22		ssets or fund balances Subtract line 21 from line 20		53,483,25	55	58,225,016
Par	rt II	Sign	nature Block				
ny kr	nowle	dge and	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other t nowledge				
		****	***		2013-05-13		
Sign	1	Signa	ature of officer		Date		
lere		▶ PHIL	IP PARISI CFO				
			e or print name and title				
		F	Print/Type preparer's name Preparer's signature		CHECK! II	PTIN	
aic	t	<u> </u>	Firm's name F Grant Thornton LLP		self-employed Firm's EIN 🟲		
re ا	pare		IIII 3 IIIII F GIAIL HUIILUI LLE		. mm 5 L1N 🚩	_	
	On		Firm's address ► 2010 CORPORATE RIDGE SUITE 400		Phone no (703)	847-7	500
	<b>-</b>	۱.					

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

✓ Yes 厂No

Par	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	·
1	Brief	fly describe the organization's mission	
		SION STATEMENT" OF THE ORGANIZATION AS ADOPTED BY BOARD IS AS FOLLOWS "THE USO LIFTS THE STAND STAND THEIR FAMILIES"	E SPIRITS OF
2		the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	es ▼ No
	If "Ye	es," describe these new services on Schedule O	
3		he organization cease conducting, or make significant changes in how it conducts, any program ices?	'es  No
	If "Ye	es," describe these changes on Schedule O	
4	exper	cribe the organization's program service accomplishments for each of its three largest program services, as measur nses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to otal expenses, and revenue, if any, for each program service reported	
4a	(Code	de ) (Expenses \$ 48,843,613 including grants of \$ 11,915,993 ) (Revenue \$ 5,06	50,694 )
	South times a mo addit	Centers consist of more than 160 locations worldwide (75 direct reporting centers), including Afghanistan, Kuwait, Qatar, UAE, Germany, Ital the Korea, the United States, and Mobile USO centers. In 2012, USO Centers were visited more than 8.8 million times by troops and their families at direct reporting centers). We provide a warm and comforting place where they can connect with family via Internet or telephone, play a ovice, have a snack or just put their feet up and relax. The nine staffed USO centers in Afghanistan collectively average more than 170,000 via tion, the USO completed construction of a Warrior and Family Center, an approximately 20,000 square-foot building designed expressly for we red troops, their families, and caregivers. The center will offer a comprehensive array of specialized services and programs in a supportive and no	les (6 3 million video game, catch sits monthly In ounded, ill, or
4b	(Code	de ) (Expenses \$ 8,872,570 including grants of \$ 75,000 ) (Revenue \$	
40	Enter USO	rtainment tours bring celebrities and performers who graciously donate their time to lift the spirits of our troops and their families around the deployed 91 celebrity entertainers on 87 tours to 24 countrires and 13 states, entertaining more than 324,000 troops and military family mere tours were to a combat zone	
4c	(Code	de ) (Expenses \$ 14,082,934 including grants of \$ 32,352 ) (Revenue \$	```
<b>-</b> 7€	USO troop those to con 2012 time conne	Programs provides support and comfort through distributing care packages, electronic gaming, sports/musical equipment and personal care in ps and troops in remote locations. In 2012, more than 120,000 care packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to ein remote areas of the world. Provide connectivity with friends and family through a private phone network that allows troops to make free omputers with free high speed internet bandwidth, and internet access for their own computers, as well as, distribute free international pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to internet high speed internet bandwidth, and internet access for their own computers, as well as, distribute free international pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to internet bandwidth, and internet access for their own computers, as well as, distribute free international pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to either own computers, as well as, distribute free international pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the well as provided in the provided internet and pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the well as provided in the provided internet and pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the provided internet and pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the provided internet and provided internet and pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the provided internet and provided internet and provided internet and pre-packages, 327 USO2Go bundles, and 150 holiday boxes were delivered to entire the provided internet and provided internet a	o troops including calls home, access id calling cards In gged in free talk omecomings by
	(Code	de ) (Expenses \$ 16,426,897 including grants of \$ ) (Revenue \$ ide awareness and outreach programs	)
	(Code Wour	de ) (Expenses \$ 3,013,206 including grants of \$ 410,933 ) (Revenue \$ inded warrior and family care programs	)
4d		per program services (Describe in Schedule O) penses \$ 19,440,103 including grants of \$ 410,933) (Revenue \$	)
4e	Tota	al program service expenses ► 91,239,220	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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 $I^{\bullet}$	3		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  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
С	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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 and XII	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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	ı		1
_		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
c	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 direct or indirect 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 M	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<del>.</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   270		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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			
_		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			.,,
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	, <b>,</b> ,	V	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70	165	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	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	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		
LO	Section 501(c)(7) organizations. Enter			
а	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			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	,		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14h		

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. 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		N o
6	Did the organization have members or stockholders?	6	Yes	
	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				
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni		
	ection B. Policies (This Section B requests information about policies not required by the Internal R		Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a b	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed FCT , HI , IL , MA , MN , NJ , OH , PA , SC , TN , VA , WA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
  - 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KRISTINE SHUMACKVP-CONTROLL 2111 WILSON BLVD 1200 ARLINGTON, VA (703) 908-6400

Form 990	(2012	•
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### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

	1	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table											
	•	•	•							Form <b>990</b> (2012)	

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d
											_		
											+		
1b	Sub-Total			<u> </u>		<u> </u>		<b>▶</b> -					
c	Total from continuation sheet	s to Part VII, S	ection A	<b>A</b> .			•	Þ					
d 	Total (add lines 1b and 1c) .  Total number of individuals (in	cluding but not	· ·	to the	nse l	liste	d abov	e)w	3,358,979		0		434,889
-	\$100,000 of reportable compe						u ubov	c , ,,	no received more en				
												Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ										5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five											ax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
Polaris Direct , 300 Technology Drive HOOKSET NH 03106	Printing	1,427,487
Scott Long Construction Inc , 14170 Newbrook Drive CHANTILLY VA 20151	Construction	5,675,935
Worth Linen Associates Inc , 535 Fifth Ave 31st Floor NEW YORK NY 10017	DM Fundraiser	4,183,500
International Data management , 490 White Pond Drive AKRON OH 44230	Data management	1,183,264
QuadGraphics Inc , PO Box 842858 BOSTON MA 02284	Production	1,047,845
2. Total number of independent contractors (including but not limited to those	e listed above) who received more than	

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  $\blacktriangleright 49$ 

Part V	* • • •	Statement of			n this Dowt VIII			
		Check if Schedu	ile O contains a respor	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated camp	paigns 1a	1,875,369				317
Giffs, Grants lar Amounts	ь	Membership due	es <b>1b</b>					
Gra mo	С	Fundraising eve	nts 1c	2,648,496				
fts, r A	d	Related organiz						
Program Service Revenue   Contributions, Giffs, Grants   and Other Similar Amounts	e	Government grants		18,397,662				
		-		101,760,646				
	f	similar amounts no	ns, gifts, grants, and <b>1f</b> t included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	9,324,048				
Con and	h	Total. Add lines	1a-1f	🗼	124,682,173			
				Business Code				
enne	2a	USO CENTER			4,957,202	4,957,202		
Program Service Rever	b	PUBLICATIONS ADV	ERTISING		103,492		103,492	
	С							
	d							
	e		_					
rogr	f	All other progra	m service revenue					
<u> </u>	g	<b>Total.</b> Add lines			5,060,694			
	3		ome (including dividen ir amounts)		296,671			296,67
	4		tment of tax-exempt bond	<u> </u>	0			
	5	Royalties		🕨	0			
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income	0	0				
	d	or (loss)	me or (loss)		0			
	_	[	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,210,646					
	b	Less cost or other basis and	1,187,399	-5,823				
	_	sales expenses Gain or (loss)	23,247	5,823				
	c d		s)	· ·	29,070	29,070		
Other Revenue	8a	events (not incl \$2,648,	uding 496 reported on line 1c)					
<u>-</u>	_		а	393,813				
Ě			penses b	_,,_	-847,328			-847,328
_	c 9a			events <b>p</b> -	047,320			047,32
	Ь	Lace direct our	a penses b					
	С		loss) from gaming acti	lvities▶-	o			
	10a	Gross sales of ı	nventory, less					
		returns and allo	wances . a	576,214				
	ь	Less cost of go		335,155				
			loss) from sales of inve	· · · · · · · · · · · · · · · · · · ·	241,059	263,695	-22,636	
		Miscellaneous	Revenue	Business Code				
	11a	MISC INCOME	<u> </u>		67,941			67,94
	Ь							
	C C	All other revers						
	d e	All other revenu		🕨				
	12		See Instructions	.  -	67,941			
		rocar revellue. 3	Sectionactions :	🟲	129,530,280	5,249,967	80,856	-482,716

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 12,415,426 12,415,426 Grants and other assistance to individuals in the United States See Part IV, line 22 18,852 18,852 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,848,488 956,836 1,601,914 289.738 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 24,921,395 19,344,772 3,006,476 2,570,147 Pension plan accruals and contributions (include section 401(k) 1,084,071 823,192 140,920 and 403(b) employer contributions) . . . . 119.959 322,154 Other employee benefits . . . . 2,167,603 1,651,008 194,441 10 1,995,910 1,570,970 231,212 193,728 11 Fees for services (non-employees) O Management . . . . 575,730 274,159 141,353 160,218 Legal . . . . . . . . Accounting . . . . . . . . . . . . 149,285 149,285 180,000 180,000 1,804,577 Professional fundraising services See Part IV, line 17 1,804,577 Investment management fees . . . . . 27,098 27,098 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 6,001,895 3,983,158 1,694,873 323,864 Schedule O) . . . . . . . 1,926,851 12 Advertising and promotion . . 1,159,588 767,263 13 Office expenses . . . . . 10,293,760 5,498,454 2,312,358 2,482,948 4,539,017 14 Information technology . . . 5,009,406 279,531 190,858 15 0 Royalties . 1,391,796 806,980 362,725 222,091 16 Occupancy . . . . . . **17** 5,981,655 5,225,562 211,040 545,053 Travel . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 159,194 19 Conferences, conventions, and meetings . 35,924 50,691 72,579 20 Interest . . . . . . . . . . . . Payments to affiliates . . . . . . 0 21 22 Depreciation, depletion, and amortization . 2,521,752 2,416,319 52,717 52,716 23 311,687 206,101 67,245 38,341 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a BAD DEBT EXPENSE 126,587 150,000 2,250 -25,663 SUBSCRIPTION, DUES, TRAINING 220,872 36,068 74,830 109,974 PRINTING AND PRODUCTION 19,302,145 6,517,877 2,963,360 9,820,908 d PROGRAM SUPPLIES / SUPPORT 22,750,637 22,733,378 17,259 1,029,346 843,320 e All other expenses 115,281 70,745 Total functional expenses. Add lines 1 through 24e 25 125,216,027 91,239,220 13,955,063 20,021,744 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► 🔽 if following SOP 98-2 (ASC 958-720)

30,024,572

9,030,575

14,786,251

6,207,746

Part X Balance Sheet

1   Cash—non-interest-bearing   End     2   Savings and temporary cash investments   17,460,060   2     3   Pledges and grants receivable, net   14,261,273   3     4   Accounts receivable, net   14,261,273   3     5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   0   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958(c)(13)(B), and contributing employers and sponsoring organizations of section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L   0   6     7   Notes and loans receivable, net   0   7     8   Inventories for sale or use   5,843,774   8     9   Prepaid expenses and deferred charges   10   19,320,591     10a   Land, buildings, and equipment cost or other basis Complete Part II of Schedule D   10   11,580,925     11   Investments—publicly traded securities   10   11,580,925   10,187,257   10c     12   Investments—other securities See Part IV, line 11   0   12     13   Investments—other securities See Part IV, line 11   0   13     14   Intangible assets   0   14     15   Other assets See Part IV, line 11   0   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   61,437,573   16     17   Accounts payable and accrued expenses   7,570,386   17     18   Grants payable   0   18     19   Deferred revenue   9,000   18     10   Deferred revenue   9,000   18     10   Deferred revenue   9,000   18     10   Deferred revenue   9,000   18     11   Cash exampt bond liabilities   0   20     12   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees desired third parties   0   24     17   Other liabilities (including federal income tax, payables to related third parties   0   24     18   Other liabilities (including federal inc	
1   Cash—non-interest-bearing   0   1     2   Savings and temporary cash investments   17,460,660   2     3   Pledges and grants receivable, net   14,261,273   3     4   Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   0   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958 (f)[1]), persons described in section 4958 (f)[3](8), and contributing employers and sponsoring organizations of section 501 (f)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L   0   6     7   Notes and loans receivable, net   0   7     8   Inventories for sale or use   5,943,774   8     9   Prepaid expenses and deferred charges   10a   19,320,591     10a   Land, buildings, and equipment cost or other basis Complete Part V of Schedule D   10b   11,560,925   10,187,257   10c     11   Investments—publicly traded securities   11,854,200   11     12   Investments—other securities See Part IV, line 11   0   12     13   Investments—brief securities See Part IV, line 11   0   13     14   Intangible assets   0   14     15   Other assets See Part IV, line 11   0   15     16   Total assets. Add lines 1 through 15 (must equal line 34)   61,437,573   16     17   Accounts payable and accrued expenses   7,500,388   17     18   Grants payable   0   18     19   Deferred revenue   383,600   19     20   Tax-exempt bond liabilities   0   20     21   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees and disqualified persons Complete Part II of Schedule L   0   22     23   Unsecured notes and loans payable to unrelated third parties   0   24     24   Unsecured notes and loans payable to unrelated third parties   0   24     25   Other liabilities (including federal income tax, payables to related third parties   0   25     10   Total liabilities not included on lines 17-24   Complete	( <b>B</b> ) of year
17,460,080 2   17,4	0
A	23,819,505
A Accounts receivable, net   536,848   4	17,431,064
Separation of the receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(p(11)), persons described in section 4958(p(3)(8)), and contributing employers and sponsoring organizations of section 501(p(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L  0 6  7 Notes and loans receivable, net	211,640
Comparison   Co	
9 Prepaid expenses and deferred charges	0
9 Prepaid expenses and deferred charges	
9 Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  b Less accumulated depreciation	5,296,866
10a	1,907,133
b Less accumulated depreciation	1,307,133
11 Investments—publicly traded securities	7,759,666
12	12,289,772
13	0
14 Intangible assets	1,815,137
15 Other assets See Part IV, line 11	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	
17 Accounts payable and accrued expenses	70,530,783
18 Grants payable	11,833,915
19 Deferred revenue	11,000,010
Tax-exempt bond liabilities	471,852
Escrow or custodial account liability Complete Part IV of Schedule D	0
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	
24 Unsecured notes and loans payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	0
24 Unsecured notes and loans payable to unrelated third parties	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0
26 Total liabilities. Add lines 17 through 25	
Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	0
	12,305,767
27         Unrestricted net assets	43,037,854
28 Temporarily restricted net assets	15,162,162
29 Permanently restricted net assets	25,000
lines 27 through 29, and lines 33 and 34.	
30 Capital stock or trust principal, or current funds	
32 Retained earnings, endowment, accumulated income, or other funds 32	
33 Total net assets or fund balances	58,225,016
<b>34</b> Total liabilities and net assets/fund balances	70,530,783

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		120 [	30,280
2	Total expenses (must equal Part IX, column (A), line 25)	-		129,5	30,280
_	Total expenses (must equal rate 1x, column (A), mile 23)	2		125,2	216,027
3	Revenue less expenses Subtract line 2 from line 1	3		4 :	314,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-		٠,٠	514,255
-	The casses of faile salations at segmining of year (mast equal 1 are X, fille 55, column (77),	4		53,4	183,255
5	Net unrealized gains (losses) on investments	5			127,508
6	Donated services and use of facilities				+27,308
Ū		6			
7	Investment expenses	7			
8	Prior period adjustments	<del>'</del>			
Ū	Thorperiod dayastinents	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		58,2	225,016
Par	t XII Financial Statements and Reporting			· ·	
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i	equired	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133035443

**Employer identification number** 

OMB No 1545-0047

**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.

Open to Public Inspection

					- (-11				13-16104				
	t I			blic Charity Sta		•		•		nstruction	ıs.		
	rganı:		•	e foundation becaus	•			•	•				
1	<u></u>		-	on of churches, or a				ection 170(	(b)(1)(A)(i).				
2		A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Sched	ule E)						
3	Γ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4	Γ	A medi	cal researcl	n organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ection 170(b)(	1)(A)(iii).	Enter the		
_	_			ty, and state									
5	ı	_	•	erated for the benefi	<del>-</del>	or universi	ty owned or o	perated by	a governmen	tai unit des	scribed in		
	_			A)(iv). (Complete P	•								
6			•	local government or	_								
7	<u>~</u>			at normally receives			support from	a governm	ental unit or f	rom the ge	neral public		
8	$\vdash$			n 170(b)(1)(A)(vi).			nnlete Part II	ι )					
9											es and aross		
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		•			· ·	=							
										cax, nom.	34311163363		
10	$\vdash$	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>											
11	<u>'</u>	_								o carry ou	t the nurnoses of		
	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check											
		the box that describes the type of supporting organization and complete lines 11e through 11h											
		a   Type I b   Type II c   Type III - Functionally integrated d   Type III - Non-functionally integrate											
e	Γ	•	_	ox, I certify that the	_				, ,	•	•		
				on managers and ot	her than one	or more pub	olicly support	ed organiza	itions describ	ed in secti	on 509(a)(1) or		
f			1 509(a)(2)	received a written de	etermination	from the IR	S that it is a	Type I Tyr	ne II or Type	III suppo	rtına organizatıon		
•			this box	received a mileten a	ccommutation	mom ene m	o chache is a	. , pc -, . , ,	se 11, o , pe	тт Бирро			
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the				
			ng persons?								[at ] at		
				rectly or indirectly o	•		-	persons de	escribed in (ii)		Yes No		
				governing body of th		_	11 /				lg(i)		
		` '	•	er of a person descr	` ,		- 1 2				g(ii)		
				lled entity of a perso						111	g(iii)		
h		Provide	e the followii	ng information about	the supporte	ed organizat	ion(s)						
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of		
	uppoi			organization	organizati		the organi		organizat		monetary		
10	ganiz	ation		(described on lines 1- 9 above	col (i) list		ın col (i) d	•	col (i) org		support		
				or IRC section	your gove docume	_	suppor	( '	In the o	5 ′			
		(see											
				instructions))	Yes	No	Yes	No	Yes	No			
					163	140	162	140	1 65	140			
							1		+				
									+				

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 79,893,014 100,897,551 119,578,427 126,279,553 124,866,183 551,514,728 not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 79,893,014 100,897,551 119,578,427 126,279,553 124,866,183 551,514,728 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 551,514,728 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(c)** 2010 (d) 2011 (e) 2012 **(b)** 2009 (f) Total beginning in) 🟲 Amounts from line 4 79,893,014 100,897,551 119,578,427 126,279,553 124,866,183 551,514,728 Gross income from interest, dividends, payments received on securities loans, rents, 2,075,027 1,597,763 217,420 373,179 296,671 4,560,060 9 10 11 12 13 14

	similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on	200,950	111,649	114,098	136,573		80,856	644,126
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	772,902	685,403	1,353,667	89,657		67,941	2,969,570
11	<b>Total support</b> (Add lines 7 through 10)							559,688,484
12	Gross receipts from related activ	ities, etc (see inst	tructions)			12		20,504,668
13	First five years. If the Form 990 this box and stop here							nization, check
S	ection C. Computation of P							
14	Public support percentage for 20	12 (line 6, column	(f) divided by lin	e 11, column (f))		14		98 540 %
15	Public support percentage for 20	11 Schedule A, Pa	rt II, line 14			15		97 955 %
b	33 1/3% support test—2012. If the and stop here. The organization of 33 1/3% support test—2011. If the box and stop here. The organizat 10%-facts-and-circumstances test.	ualifies as a public ne organization did ion qualifies as a p	ly supported org not check a box ublicly supported	anızatıon on lıne 13 or 16a d organızatıon	a, and line 15 is 3	3 1/3% or	more, cl	<b>▶</b> ▽
	is 10% or more, and if the organi in Part IV how the organization m organization	zation meets the "i leets the "facts-an	facts-and-cırcun d-cırcumstances	nstances" test, c s" test The orgar	heck this box and nization qualifies a	<b>stop here</b> as a public	e. Explai	
Ь	10%-facts-and-circumstances te 15 is 10% or more, and if the org Explain in Part IV how the organi supported organization	janization meets th	e "facts-and-cir	cumstances" tes	t, check this box	and <b>stop l</b>	nere.	cly
18	Private foundation. If the organiz	zation did not chec	k a box on line 1	3, 16a, 16b, 17a				<b>▶</b> □
					Sche	edule A (F	orm 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493133035443

#### 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.

Inspection

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

- 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, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** UNITED SERVICE ORGANIZATIONS INC 13-1610451 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No 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 function 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? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	180,000	
c	Total lobbying expenditures (add lines 1a and 1b	180,000		
d	Other exempt purpose expenditures		125,036,027	
e	Total exempt purpose expenditures (add lines 1	125,216,027		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	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 lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

# 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.)

	Lobbying Expend	itures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	195,000	180,000	180,011	180,000	735,011
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	0	0	0	0	0

chedule C (i	31111 9 90 01 9 90 - 12 / 2012		Page
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT	
		( )	

For -	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(b)	
ror e activ		Yes	No	,	Mount	
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?					
j	Total Add 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			1		
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).	01(c	)(5), c	or se	ection	ì
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible 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				
С	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					

## Taxable amount of lobbying and political expenditures (see instructions)Part IV Supplemental Information

political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Identifier	Return Reference	Explanation
Lobbying Activity	,	The United Service Organizations, Inc (USO) lobbies for congressional appropriations and ensures members of congress are on its caucus to foster relationships with troops

4

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133035443

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public

ICITIC	F Attaci to For	ili 330. F See Separate ilistructions.	Inspection
	me of the organization ITED SERVICE ORGANIZATIONS INC		Employer identification number
JIN	TES SERVICE ORGANIZATIONS INC		13-1610451
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef		
D-	conferring impermissible private benefit?	the every transport of "Vee" to	· · · · · · · · · · · · · · · · · · ·
	rt II Conservation Easements. Complete if		Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation	<u> </u>	historically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space	·	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	ne form of a conservation
	easement on the last day of the tax year	Г	Held at the End of the Year
а	Total number of conservation easements	<u> </u>	2a
Ь	Total acreage restricted by conservation easements	Ī	2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transferr	ے red, released, extinguished, or terminated	d by the organization during
	the tax year ►		
4	Number of states where property subject to conservat	ion easement is located ►	<u> </u>
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting	a and enforcing conservation easements	during the year
/	►\$	, and emorally conservation casements	adining the year
В	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports coin balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial	
Pai	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ets held for public exhibition, education, c	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ets held for public exhibition, education, c	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$

**b** Assets included in Form 990, Part X

Part	<b>111</b> Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal T</u>	reasures, or O	<u>the</u>	<u>r Similar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck	any of	the following that a	are a	significant use	e of its	
а	Public exhibition		d	Γ	Loan	or exchange progi	rams			
b	Scholarly research		e	Γ	Othe	r				
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	ain ho	w the	y furth	er the organizatior	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit								_	_
	assets to be sold to raise funds rather than								┌ Yes	□ No
Par	Part IV, line 9, or reported an ar						a "Y	es" to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					utions or other ass	etsı		┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing	table	Г				
_						-	-	An	nount	
C	Beginning balance					-	1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lın	e 21?	>					│ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	If the organizatio		swer Prior y		s" to Form 990, b (c)Two years back			<b>(e)</b> Four y	ha ek
1a	Beginning of year balance	10,872,346	(D)		786,595		+	47,205,443		58,468,164
b	Contributions	, ,			,	, ,	+	, ,		0
c	Net investment earnings, gains, and losses									
		648,000			108,718	1,151,282	-	9,692,757	-:	11,262,721
d	Grants or scholarships					47,262,887				
е	Other expenditures for facilities and programs					C				
f	Administrative expenses	18,287			22,967	C				
g	End of year balance	11,502,059		10,	872,346	10,786,595	5	56,898,200	4	17,205,443
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1 g	, colum	nn (a)) held as	•			
а	Board designated or quasi-endowment 🕨	99 780 %								
ь	Permanent endowment ► 0 220 %									
С	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that	are hel	d and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations		•				•	3a(		No
b	(ii) related organizations						•	<u>  3a(</u>		<u> </u>
4	Describe in Part XIII the intended uses of the						•		1103	<u> </u>
Par	t VI Land, Buildings, and Equipme					10.				
	Description of property				) Cost o			(c) Accumulated depreciation	<b>(d)</b> Bo	ook value
1a	Land									
b	Buildings									
С	Leasehold improvements					9,458	3,545	4,586,68	38	4,871,857
d	Equipment					2,879	,290	2,506,5	58	372,732
						6,982	,756	4,467,67	79	2,515,077
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part .	X, colι	umn (	B), line	10(c).)		⊨		7,759,666

	e Form 990, Part X, line 12.	
(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) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(a) Desc	Прстоп	(b) Book value
Total (Column (h) must equal Form 900, Part V, col (P) line	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part	: X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability  Federal income taxes	X, line 25. (b) Book value	

Part	XI Reconciliation of Revenue per Audited Financial State	emen	ts With Revenue p	er Return	
	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 XIII )	2d			
e	Add lines 2a through 2d			2e	
;	Subtract line <b>2e</b> from line <b>1</b>			3	
ŀ	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )	4b			
C	Add lines <b>4a</b> and <b>4b</b>			4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 3	12).		5	
art	XII Reconciliation of Expenses per Audited Financial Stat	temer	nts With Expenses	per Retu	rn
	Total expenses and losses per audited financial statements $$ . $$ . $$ .			1	
	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			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
e	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from line <b>1</b>			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
;	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)		5	
art	XIII Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	The 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 the USOs exempt purpose is subject to tax under IRC Section 511. The USO did not have any material unrelated business income tax liability for the years ended December 31, 2012 and 2011. 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. The USO does not believe its consolidated finacial statements include any uncertain tax positions for the open tax years.

DLN: 93493133035443

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

ITED CEDVÍCE	ORGANIZATIONS	TNC				• •		
ITED SERVICE	ORGANIZATION	SINC			1	3-1610451		
				ne United States. C			ation answer	ed
"Yes"	" to Form 990, Pa	rt IV, line 14b.						
_		_		s to substantiate the		_		
	-		=	tance, and the selecti			rd _	_
the grants (	or assistance?						Yes	No
For grantm the United		n Part V the or	ganızatıon's p	rocedures for monitori	ing the us	e of grant fur	nds outside	
Activites per	r Region (The follow	ving Part I, line 3	table can be di	uplicated if additional sp	ace is need	led)		
(a) F	Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program se specif	y listed in (d) is a ervice, describe fic type of (s) in region	(f) Total exper for and invest in region	tments
East Asıa an	nd the Pacific	20	70	Program Services	Op of USC	) Centers	4,	273,42
Europe (Incl Greenland)	udıng Iceland and	21	74	Program Services	Op of USC	) Centers	6 ,	446,64
Middle East	and North Africa	6	32	Program Services	Op of USC	) Centers	5 ,	890,28
South Asia		9	38	Program Services	Op of USC	) Centers	4,	772,33
			2				<u> </u>	202.5=
<b>a</b> Sub-total <b>b</b> Total from co	ontinuation sheets	56	214				21,	382,67

214

to Part I

c Totals (add lines 3a and 3b)

21,382,678

<b>art II Grants and Other Assistance to Organizations or Entities Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
(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, othe	
Enter total n tax-exempt	umber of recipie by the IRS, or fo	nt organizations list or which the grantee	ted above that are see or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter •	as 		
Enter total n	umber of other o	organizations or en	tities		<u>.</u> .				

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</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)
							appraisal, other)

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
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	<u> </u>	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	<u> </u>	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	<u> </u>	No
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	<u> ~</u>	Νo

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

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DLN: 93493133035443

OMB No 1545-0047

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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. Form 990-EZ filers are not required to complete this part.

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

**Supplemental Information Regarding** 

Inspection

Name of the o	organızatıon		
JNITED SER	VICE ORGA	ANIZATIONS	ΙN

**Employer identification number** 

13-1610451

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations
  - Internet and email solicitations Solicitation of government grants
  - ▼ Special fundraising events Phone solicitations
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(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 535 Fifth Ave 31st Floor	DR Mail Program		No	57,340,670	4,183,500	53,157,170
New York, NY 10017						
OMP Direct 1133 19th St NW	DR online program		No	7,864,942	329,000	7,535,942
Washington, DC 20036						
Kellogg Organization Inc 825 East Speer Blvd	OEC Campaign		No	700,000	120,000	580,000
Denver, CO 80218						
Foundation Management Group 1055 Thomas Jefferson St NW	Grt Writer		No	0	15,000	0
Washington, DC 20007						
The Grayson Group 433 East Las Conlinas Blvd	Local Fund		No	0	90,000	0
Irving, TX 75039						
otal			<b>.</b>	65,905,612	4,737,500	61,273,112

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

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,

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		evente mai greec receipte g	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			Gala (event type)	DFW Pats Dinner (event type)	(total number)	col <b>(c)</b> )
Revenue	1	Gross receipts	1,798,600	323,645	920,064	3,042,309
φķ	2	Less Contributions	1,675,180	316,045	657,271	2,648,496
<u>~</u>	3	Gross income (line 1 minus line 2)	123,420	7,600	262,793	393,813
	4	Cash prizes				
မှာ 45	5	Noncash prizes				
Expenses	6	Rent/facility costs		3,800		3,800
쯊	7	Food and beverages .	266,067	11,164		277,231
Direct	8	Entertainment	6,887	,		6,887
ā	9	Other direct expenses .	476,795	358	476,070	953,223
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	ı(d)		(1,241,141)
	11	Net income summary Combine I	ine 3, column (d), and line	210	•	-847,328
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue				
	2	Cash prizes				
xpenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes ┌ No	「 Yes 「 No	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)		
9 a b	Ist	er the state(s) in which the organiz he organization licensed to operate No," explain	gaming activities in eac	h of these states?		. 「Yes 「No
_						
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Joes	s the organization operate gaming a	activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·
12	Is the organization a grantor, ber	eficiary or trustee of a trust oi	a member of a partnership or other entity
	formed to administer charitable g	amıng?	
L3	Indicate the percentage of gamir	g activity operated in	
а	The organization's facility		13a
b	An outside facility		13b
L4	Enter the name and address of th	e person who prepares the org	anization's gaming/special events books and records
	Name 🟲		
	Address ►		
L5a	Does the organization have a cor	itract with a third party from wl	nom the organization receives gaming
	revenue?		
b			rganization 🟲 \$ and the
	amount of gaming revenue retain		
С	If "Yes," enter name and address		
	·		
	Name 🟲		
	Address ►		
.6	Gaming manager information		
	Name <b>▶</b>		
	Gaming manager compensation	<b>*</b> \$	
	Description of services provided	<b>&gt;</b>	
	Director/officer	<b>┌</b> Employee	☐ Independent contractor
. <b>7</b>	Mandatory distributions	. Limployee	, independent contractor
	•	r state law to make charitable	distributions from the gaming proceeds to
_	retain the state gaming license?		· · · · · · · · · · · · · · · · · · ·
h			buted to other exempt organizations or spent
	in the organization's own exempt	·	·
Par		<u> </u>	t to provide the explanations required by Part I, line 2b,
	columns (III) and (v), a		b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	Identifier	Return Reference	Explanation
A dd	ress of professional fundraisers		Worth Linen Associates 535 Fifth Avenue, 31st Fl New York,
, uu			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)

**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.

OMB No 1545-0047

DLN: 93493133035443

Open to Public Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service

Name of the organization	10.7110					Employer identificati	on number
UNITED SERVICE ORGANIZATION	IS INC					13-1610451	
Part I General Information	on on Grants and	l Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as:	sistance?					▽Yes ┌N
Part II Grants and Other A Form 990, Part IV, lin				<b>United States.</b> Com ort II can be duplicated			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount 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 grar or assistance
See Additional Data Table	1	1					
2 Enter total number of section 5							20
3 Enter total number of other org	anızatıons lısted ın th	e line 1 table				<b>►</b>	0

<b>Part III</b>	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22
	Part III can be duplicated if additional space is needed.	

·	•				
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> 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	4	18,852			
Part IV Supplemental Informa	ation.	ı	1	•	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Use of Grant Funds Inside US		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

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 States

Form 990,Schedule I, Par (a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section  If applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USO of South TexasPO BOX 7 Corpus Christi, TX 78403	74-1478872	501(c)(3)	5,577			Revenue Share
USO Greater Los Angeles 203 World Way W Ste 200 LA,CA 90045	95-2302811	501(c)(3)	100,674			Revenue Share
USO GeorgiaPO BOX 20963 201 New Bridge Street Atlanta, GA 30320	58-0917673	501(c)(3)	90,443			Revenue Share
USO Greater JacksonvillePO BOX 108 Bldg 1050 Jacksonville,FL 32212	59-1052424	501(c)(3)	117,544			Revenue Share
USO Hampton RoadsPO BOX 7250 Los Angeles International Airport Hampton, VA 23666	54-1305517	501(c)(3)	193,230			Revenue Share
USO Illinois330 S Wabash Ave 16th Flr Chi,IL 60604	36-2349617	501(c)(3)	18,383			Revenue Share
USO Metropolitan DC228 McNair Rd Bldg 405 Fort Myer, VA 22211	53-0204665	501(c)(3)	222,791			Revenue Share
USO Metropolitan NY625 8th Ave N New York, NY 10018	13-2500122	501(c)(3)	132,799			Revenue Share
USO Missouri10701 Lambert Intl Blvd SL,MO 63145	43-1237410	501(c)(3)	54,690			Revenue Share
USO Pennsylvania & South NJPhila Intl Airport Phila,PA 19153	23-1426011	501(c)(3)	277,635			Revenue Share
USO Puget SoundSea-Tac Intl Airport 17801 Seattle, WA 98158	91-0573116	501(c)(3)	110,208			Revenue Share
USO San Diego303 A St Ste 100 SD,CA 92101	95-1644030	501(c)(3)	104,009			Revenue Share
USO North CarolinaPO Box 298 Jacksonville,NC 28541	56-0532315	501(c)(3)	220,259			Revenue Share
Airpower FoundationPO Box 8728 Bldg 1050 Fort Worth,TX 76124	75-2828493	501(c)(3)	75,000			Donation
The Moyer Foundation2426 32nd Ave West 625 8th Avenue North Seattle, WA 98199	91-2065051	501(c)(3)	12,500			Grant to fund
Tragedy Assistance Program for Survivors3033 Wilson Blvd Ste 200 Arlgtn, VA 22201	92-0152268	501(c)(3)	25,000			Donation
Wyakin Warrior Foundation 9249 W Bay Stream Ct Garden City,ID 83714	27-1674941	501(c)(3)	150,000			Programs
USO Central OhioPO Box 13176 Columbus,OH 43213	31-4401239	501(c)(3)	142,349			Revenue Share
USO Northern Ohio20637 Emerald Parkway Cleveland, OH 44135	34-6006829	501(c)(3)	36,046			Revenue Share
USO Tampa Bay4100 G J Bean Pkwy Ste 2441 Tampa,FL 33607	39-1703157	501(c)(3)	14,504			Revenue Share
USO Wisconsin11050 W Liberty Drive Milwaukee, WI 53224	27-1674941	501(c)(3)	8,925			Revenue Share
US Dept of the Army101 Pentagon Pedestrian Washington,DC 20024			10,075,232			Wounded Warrior and Family Care Center
USO Indiana711 N Penn St Indianapolis,IN 46204	20-8349270	501(c)(3)	30,044			Revenue Share
Charity Works DC1320 Old Chain Bridge Road MCLEAN,VA 22101	23-7343119	501(c)(3)	7,500			Event Support
National Military Family Association2500 N Van Dorn St 102 Alexandria,VA 22302	52-0899384	501(c)(3)	135,000			Program Grant
Renovating HopePO Box 438 Westtown, PA 19395	80-0600071	501(c)(3)	25,000			Prog Support
Snowball Express1333 Corporate Dr Ste 105 Irving,TX 75038	20-5627830	501(c)(3)	25,000			Event Support

DLN: 93493133035443

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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JNITED	SERVIC	E ORG	GANIZAT	IONS	INC

**Employer identification number** 

13-1610451

Pa	rt I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel  Housing allowance or residence for personal use				
	▼ Travel for companions				
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	▼ Compensation committee     ▼ Written employment contract				
	✓ Independent compensation consultant ✓ Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a		Νo	
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, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		No	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

iso complete this part for any additional information					
Ident if ier	Return Reference	Explanation			
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	A HOUSING ALLOWANCE IN THE AMOUNT OF \$34,500 WAS PROVIDED TO CAROLYN HARRIS IN HER ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC			
Travel for companions	Schedule J, 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			
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 2012 achievement of organizational goals and overall individual contributions and accomplishments and were reviewed 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) 2012

(A) Name

John Hanson

Craig Opel

Gena Fitzgerald

Carolyn Harris

Marguerite Kirst

Catherine Martens

(F) Compensation

Software ID: **Software Version:** 

**EIN:** 13-1610451

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

15,000

(B) Breakdown of W-2 and/or 1099-MISC compensation

203,689

188,178

182,966

177,803

124,791

165,346

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(11)

(1)

(11)

Name: UNITED SERVICE ORGANIZATIONS INC

(A) Name		(B) Breakdown o	T W-2 and/or 1099-MI:	SC compensation	(C) Deletred	(D) Nontaxable	(E) I otal of columns	reported in prior Form
		(i) Base Compensation	I Incentive I		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Sloan D Gibson	(I) (II)	367,839 0	125,000	18,477 0	25,050 0	23,035	559,401 0	0
John Pray	(I) (II)	260,000 0	79,300 0	897 0	21,175 0	3,951 0	365,323 0	0
Philip Parisi	(I) (II)	253,734 0	38,700 0	585 0	22,328 0	16,042 0	331,389 0	0
Frank Thorp	(I) (II)	231,984 0	27,025 0	897 0	21,627 0	7,653 0	289,186 0	0
Alan Reyes	(I) (II)	221,093 0	34,500 0	390 0	20,150 0	24,528 0	300,661 0	0
Kellı Seely	(I) (II)	220,976 0	33,300 0	585 0	20,438 0	6,062 0	281,361 0	0
Tammy Heiser	(ı) (ıı)	205,116 0	31,800	390 0	20,657 0	22,360	280,323	0

2,574

2,568

1,631

1,628

35,584

516

(C) Deferred

18,900

8,183

16,089

16,007

12,759

11,767

(D) Nontaxable

20,131

10,045

3,547

16,992

15,825

11,184

(E) Total of columns

245,294

223,974

204,233

212,430

188,959

188,813

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DLN: 93493133035443

Employer identification number

OMB No 1545-0047

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#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization UNITED SERVICE ORGANIZATIONS INC

13-1610451

Pa	rt I Types of Property				
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 g	(d) Method of determining noncash contribution amounts
1	Art—Works of art			,	
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications	Х		258,439	cost/selling price
5	Clothing and household				
	goods	X			cost/selling price
_	Cars and other vehicles	X	12	126,327	cost/selling price
	Boats and planes				
	Intellectual property		4.3	600 240	
	•	X	43	688,319	Fair market value
	Securities—Closely held stock .				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
	Real estate—Other				
18	Collectibles				
	Food inventory	Х	5,060	3,418,069	cost/selling price
	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
	Scientific specimens				
	Archeological artifacts				
	Other ► ()				
	O ther ►() O ther ►()				
	Other ▶ ( )				
	Number of Forms 8283 received	by the orga	nization during the tay year	r for contributions	
	for which the organization comple				29
				_	Yes No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used
	for exempt purposes for the enti	re holding p	eriod?		30a No
b	If "Yes," describe the arrangeme	ent in Part 1	I		
31	Does the organization have a gif	·		·	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • • • 32a Yes
b	If "Yes," describe in Part II				
33	If the organization did not report	: an amount	in column (c) for a type of	property for which column (	a) is checked,
	describe in Part II				

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

number of items re	number of items received, or a combination of both. Also complete this part for any additional information					
Identifier	Return Reference	Explanation				
Third parties used to sell Non-Cash Contributions		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 USO ALSO ENGAGES A BROKERAGE FIRM THAT IS AUTHORIZED TO SELL DONATED SECURITIES ON ITS BEHALF				

Schedule M (Form 990) (2012)

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DLN: 93493133035443

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization UNITED SERVICE ORGANIZATIONS INC	Employer identifi	cation 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 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	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, thier 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 2013. Meeting minutes reflect the review and discussion of the irs form 990 at the finance committee meeting held in April. 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	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 2012 for all positions listed and all positions' compensation was found to be within the range for comparable executives at comparable organizations.

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
Net Loss From Fundraising Events	Form 990, Part VIII, Line 8c	Net income from fundraising events is \$1,801,168 of which \$1,048,851 is attributable to the annual USO Gala. The presentation of net loss from fundraising events of \$847,328 as shown on Part VIII, Line 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, Line 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.

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DLN: 93493133035443

OMB No 1545-0047

2012

Employer identification number

# **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**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.

> Open to Public Inspection

UNITED SERVICE ORGANIZATIONS INC				13-1	610451			
Part I Identification of Disregarded Entities (Co	mplete if the organization	n answered "Yes" t	o Form 990, P					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	( <b>d</b> ) Total income	(e) End-of-year a	ssets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orgor more related tax-exempt organizations duri	anizations (Complete in ng the tax year.)	f the organization a	inswered "Yes	" to Form 9	90, Part IV	', line 34 because i	t had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec		(e) charity status on 501(c)(3))	(f) Direct controlling entity	Section (13) co	
(1) USO Foundation	Charitable	VA	501(C)(3)	11		USO INC	<b>Yes</b> Yes	No
2111 Wilson Blvd Suite 1200	Chantable		301(0)(3)				100	
Arlington, VA 22201 20-8861567								
							+	
For Paperwork Reduction Act Notice see the Instructions for Form	990	Cat No 501	35 V			Schedule R (Form	m 990) 3	012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	rtionate  Code V—UBI		i) ral or aging ner?	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(a) (b) address, and EIN of Primary activity ted organization		(c) Legal domicile ite or foreign country)		(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

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

Yes

<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one of more r	related organizations ii:	sted in Parts II-IV /									
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		No					
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No					
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No					
e Loans or loan guarantees by related organization(s)				1e		No					
f Dividends from related organization(s)				1f							
g Sale of assets to related organization(s)				1g		No					
h Purchase of assets from related organization(s)				1h		No					
i Exchange of assets with related organization(s)	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No					
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		No					
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes						
• Sharing of paid employees with related organization(s)				10	Yes						
p Reimbursement paid to related organization(s) for expenses				1p		No					
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No					
r Other transfer of cash or property to related organization(s)				1r		No					
s Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	vered relationships	and transaction thresholds								
(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am	ount ir	nvolved						
1) USO FOUNDATION	N	7,193	FMV								
2) USO FOUNDATION	0	44,538	FMV								

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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															
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(e) Are all partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 13-1610451

Name: UNITED SERVICE ORGANIZATIONS INC

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Software ID: Software Version:

**EIN:** 13-1610451

Name: UNITED SERVICE ORGANIZATIONS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (C) (E) (B) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other per unless person is both from the from related compensation week an officer and  ${\bf a}$ organızatıon (Worganizations (Wfrom the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and any related Former Office Highest compensated employee Individual trustee or director hours organizations Institutional for employee related organızatıons below Trustee dotted line) 60 0 Sloan D Gibson Χ 511,316 0 48,085 President/CEO 2 0 Gen Richard B Myers Х Х Chairman / Director 2 0 Raymond Caldiero Х Director 1 0 Tom R Del Valle Х Director 1 0 Hon Gordan England Х Director 2 0 SgtMaj John Estrada Director Х 10 Wıllıam M Gershen Χ Director 2 0 James Hamilton Χ Director 1 0 Dr Maynard Howe Х Director 1 0 John Suttle Х Director 1 0 Gen Jım Jones Х 1 0 Curt Kolcun Χ Director 10 Chris Kubasik Χ Director 2 0 Debra Langford Х Director 2 0 Χ Director 1 0 1 0 Beatrız R Perez Х Director 1 0 Robert A Martinez Х Director 2 0 David J McIntvre Х Director 2 0 Thomas E Vice Х Director 10 Curt Motley Χ Director 1 0 Lısa Borın Ogden Χ Director 1 0 Michael H O'Shea Х Director 1 0 Michael Phelps Χ Director 1 0 Kenneth O Preston Х 20 Lt Gen Harry D Raduege Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (E) (F) (A) (C) (D)

(A) Name and Title	Average hours more than one box, compensation per unless person is both week (list director/trustee) Position (do not check more than one box, compensation from the from relations organization (Worganizations 2/1099-MISC) 2/1099-MI							(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
Leonel R Roche Director	1 0	х								
Karl-Heinz Stahl Director	1 0	х								
Sue Timken Director	1 0	х								
Louis A Weil Director	1 0	х								
Alıcın Williamson Director	1 0	х								
Ed Wilson Director	1 0	х								
Janice Emmert Director	1 0	х								
Gen George Casey Director	1 0	х								
Philip Parisi Treasurer/ CFO	50 0 1 5			х				293,019	0	38,370
Jennifer Giglio Exec Board Liaison Secretary	40 0 1 0			х				104,117	0	18,404
John Pray EVP Chief of Staff	50 0				х			340,197	0	25,126
Frank Thorp SVP Marketing & Comms	50 0				х			259,906	0	29,280
Alan Reyes SVP, Operations	50 0				х			255,983	0	44,678
Kelli Seely SVP, Development	50 0				х			254,861	0	26,500
Tammy Heiser SVP, Human Resources	50 0				х			237,306	0	43,017
John Hanson SVP	50 0				х			206,263	0	39,031
Catherine Martens VP, Corporate Development	40 0					х		205,746	0	18,228
Craig Opel VP, Information Technology	40 0					х		184,597	0	19,636
Gena Fitzgerald VP, Communications	40 0					х		179,431	0	32,999
Carolyn Harris Regional VP, Operations	40 0					х		160,375	0	28,584
Marguente Kırst VP, Marketıng	40 0					х		165,862		22,951