

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED SERVICE ORGANIZATIONS, INC.		D Employer identification number 13-1610451
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	2111 WILSON BLVD	1200	(703) 908-6400
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201		G Gross receipts \$ 171,965,795.
F Name and address of principal officer: SLOAN GIBSON 2111 WILSON BLVD #1200 ARLINGTON, VA 22201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ 1291	
J Website: ▶ HTTP://WWW.USO.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1941 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE USO LIFTS THE SPIRITS OF AMERICA'S TROOPS AND THEIR FAMILIES		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34.
Revenue	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	480.
	6 Total number of volunteers (estimate if necessary)	6	3,378.
	7a Total gross unrelated business revenue from Part VIII, column (A), line 12	7a	130,798.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	15,700.
Expenses	8 Contributions and grants (Part VII, line 4)	Prior Year	Current Year
	9 Program service revenue (Part VII, line 2b)	100,897,551.	119,578,427.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,748,466.	5,106,373.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,420,662.	1,217,426.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	222,833.	441,343.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	105,448,188.	126,343,569.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	865,321.	48,583,476.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	24,796,314.	29,082,469.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,064,542.	1,963,880.	2,322,290.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	79,737,243.	92,455,637.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,362,758.	172,443,872.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,914,570.	-46,100,303.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	91,917,279.	49,341,591.	
22 Net assets or fund balances. Subtract line 21 from line 20	9,117,303.	12,499,229.	
		82,799,976.	36,842,362.

Part II Signature Block

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

Sign Here	Signature of officer <i>P. Parisi</i>	Date 5/13/11
	Type or print name and title P. PARISI CFO	
Paid Preparer Use Only	Print/Type preparer's name <i>Cynthia Anapolsky</i>	Preparer's signature <i>Cynthia Anapolsky</i>
	Firm's name ▶ GRANT THORNTON LLP	Date 5/13/11
	Firm's address ▶ 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102	Check if self-employed <input type="checkbox"/> PTIN P01281516
Firm's EIN ▶ 36-6055558		Phone no. 703-847-7500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 61,514,990. including grants of \$ 1,375,476.) (Revenue \$ 5,240,523.)
SEE SCHEDULE O.4b (Code:) (Expenses \$ 11,302,891. including grants of \$ 0.) (Revenue \$ 0.)
SEE SCHEDULE O.4c (Code:) (Expenses \$ 17,804,815. including grants of \$ 0.) (Revenue \$ 0.)
SEE SCHEDULE O.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 47,208,000. including grants of \$ 47,208,000.) (Revenue \$ 0.)

4e Total program service expenses ► 137,830,696.

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	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X
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	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24 a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2010)

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 383		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	
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 2a 480		
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	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b	X	
4a	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	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
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 organization solicit any contributions that were not tax deductible? 6a		X
b	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).		
a	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
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	X	
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.		
a	Did the organization make any taxable distributions under section 4966? 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	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 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	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 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34	
b	Enter the number of voting members included in line 1a, above, who are independent	34	
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	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a	X	
b	X	
11a	X	
b	X	
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CT, HI, IL, NJ, OH, PA, SC, TN, VA, WA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KRISTINE SHUMACK, VP-CONTROLLER 2111 WILSON BLVD #1200, ARLINGTON, VA 22201
703-908-6497

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JED BECKER DIRECTOR	2.00	X						0.	0.	0.
(2) ADM. VERNON E. CLARK DIRECTOR	1.00	X						0.	0.	0.
(3) WILL A. COURTNEY DIRECTOR	1.00	X						0.	0.	0.
(4) JANICE K. EMMERT DIRECTOR	2.00	X						0.	0.	0.
(5) WILLIAM M. GERSHEN DIRECTOR	1.00	X						0.	0.	0.
(6) GEN. MICHAEL W. HAGEE DIRECTOR	1.00	X						0.	0.	0.
(7) LINDA PARKER HUDSON DIRECTOR	2.00	X						0.	0.	0.
(8) SEUNG YOUN KIM DIRECTOR	1.00	X						0.	0.	0.
(9) VADM JOHN A. LOCKARD DIRECTOR	1.00	X						0.	0.	0.
(10) RADM THOMAS C. LYNCH DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT A. MARTINEZ DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID J. MCINTYRE, JR. DIRECTOR	2.00	X						0.	0.	0.
(13) CHRISTOPHER P. MICHEL DIRECTOR	1.00	X						0.	0.	0.
(14) CURT MOTLEY DIRECTOR	1.00	X						0.	0.	0.
(15) GEN. RICHARD B. MYERS DIRECTOR	2.00	X						0.	0.	0.
(16) DR. MICHAEL H. O'SHEA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LT. GEN. HARRY D. RADUEGE DIRECTOR	1.00	X						0.	0.	0.
(18) JOE REEDER DIRECTOR	1.00	X						0.	0.	0.
(19) EDWARD T. REILLY CHAIRMAN	3.00	X						0.	0.	0.
(20) LEONEL R. ROCHE DIRECTOR	1.00	X						0.	0.	0.
(21) FUSAO SEKIGUCHI DIRECTOR	1.00	X						0.	0.	0.
(22) KARL-HEINZ STAHL DIRECTOR	1.00	X						0.	0.	0.
(23) DENNIS SWANSON DIRECTOR	1.00	X						0.	0.	0.
(24) JAMES H. TERRY, II DIRECTOR	1.00	X						0.	0.	0.
(25) LOUIS A. WEIL DIRECTOR	1.00	X						0.	0.	0.
(26) SGM. MARSHALL M. WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
(27) ALICIN WILLIAMSON DIRECTOR	1.00	X						0.	0.	0.
(28) ED WILSON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 1								3,029,249.	0.	368,715.
d Total (add lines 1b and 1c)								3,029,249.	0.	368,715.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **37**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O.		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **43**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	2,270,221.			
	b	Membership dues	1b				
	c	Fundraising events	1c	2,584,240.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	23,788,840.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	90,935,126.			
	g	Noncash contributions included in lines 1a-1f: \$		10,868,453.			
	h	Total. Add lines 1a-1f		119,578,427.			
Program Service Revenue	2a	USO CENTER	Business Code 900099	4,992,275.	4,992,275.		
	b	PUBLICATIONS ADVERTISING	541800	114,098.		114,098.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,106,373.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		217,420.	0.	0.	217,420.
	4	Income from investment of tax-exempt bond proceeds		0.	0.	0.	0.
	5	Royalties		0.	0.	0.	0.
			(i) Real (ii) Personal				
	6a	Gross Rents	0.	0.			
	b	Less: rental expenses	0.	0.			
	c	Rental income or (loss)	0.	0.			
	d	Net rental income or (loss)		0.	0.	0.	0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 44,236,303. 113,491.				
	b	Less: cost or other basis and sales expenses	43,334,874. 14,914.				
	c	Gain or (loss)	901,429. 98,577.				
	d	Net gain or (loss)		1,000,006.	0.	0.	1,000,006.
	8a	Gross income from fundraising events (not including \$ 2,584,240. of contributions reported on line 1c). See Part IV, line 18	a 337,080.				
	b	Less: direct expenses	b 1,514,352.				
	c	Net income or (loss) from fundraising events		-1,177,272.	0.	0.	
	9a	Gross income from gaming activities. See Part IV, line 19	a 0.				
	b	Less: direct expenses	b 0.				
	c	Net income or (loss) from gaming activities		0.	0.	0.	0.
	10a	Gross sales of inventory, less returns and allowances	a 1,023,034.				
	b	Less: cost of goods sold	b 758,086.				
c	Net income or (loss) from sales of inventory		264,948.	248,248.	16,700.	0.	
Miscellaneous Revenue		Business Code					
11a	SPONSORSHIPS		1,262,459.			1,262,459.	
b	MISC. INCOME		91,208.			91,208.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,353,667.				
12	Total revenue. See instructions		126,343,569.	5,240,523.	130,798.	2,571,093.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	48,507,928.	48,507,928.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	75,548.	75,548.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	2,537,381.	878,029.	1,408,871.	250,481.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	21,569,477.	17,386,625.	2,175,473.	2,007,379.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,291,387.	1,006,874.	150,945.	133,568.
9 Other employee benefits	1,982,807.	1,454,640.	343,250.	184,917.
10 Payroll taxes	1,701,417.	1,365,823.	178,332.	157,262.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	448,814.	189,621.	167,279.	91,914.
c Accounting	153,233.	0.	153,233.	0.
d Lobbying	180,000.	0.	180,000.	0.
e Professional fundraising services. See Part IV, line 17	2,322,290.			2,322,290.
f Investment management fees	54,887.	0.	54,887.	0.
g Other	8,889,189.	6,798,433.	1,577,880.	512,876.
12 Advertising and promotion	2,173,395.	1,609,116.	0.	564,279.
13 Office expenses	9,692,784.	5,031,036.	1,969,925.	2,691,823.
14 Information technology	5,207,166.	5,020,166.	163,564.	23,436.
15 Royalties	0.	0.	0.	0.
16 Occupancy	1,103,607.	593,228.	312,044.	198,335.
17 Travel	7,528,380.	6,779,201.	278,070.	471,109.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	376,736.	224,478.	46,644.	105,614.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	2,329,017.	2,188,573.	72,278.	68,166.
23 Insurance	360,553.	259,950.	59,244.	41,359.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BAD DEBT EXPENSE	44,891.	14,678.	0.	30,213.
b SUBSCRIPTION, DUES, TRAINING	323,644.	209,695.	30,443.	83,506.
c PRINTING AND PRODUCTION	24,500,359.	9,474,803.	2,999,587.	12,025,969.
d PROGRAM SUPPLIES / SUPPORT	28,014,639.	28,014,639.	0.	0.
e RENTAL AND MAINTENANCE	464,854.	382,158.	74,208.	8,488.
f All other expenses	609,489.	365,454.	152,477.	91,558.
25 Total functional expenses. Add lines 1 through 24f	172,443,872.	137,830,696.	12,548,634.	22,064,542.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		8,425,128.	5,614,160.	17,268,360.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	12,223,259.	2	11,507,426.
	3 Pledges and grants receivable, net	10,515,714.	3	12,459,231.
	4 Accounts receivable, net	376,643.	4	325,613.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,517,113.	8	2,013,246.
	9 Prepaid expenses and deferred charges	1,421,188.	9	799,500.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,922,974.		
	b Less: accumulated depreciation	10b 6,470,624.		
		7,243,070.	10c	10,452,350.
	11 Investments - publicly traded securities	57,524,642.	11	11,784,225.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	95,650.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	91,917,279.	16	49,341,591.	
Liabilities	17 Accounts payable and accrued expenses	8,402,745.	17	12,001,624.
	18 Grants payable		18	
	19 Deferred revenue	588,843.	19	497,605.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	125,715.	25	0.
	26 Total liabilities. Add lines 17 through 25	9,117,303.	26	12,499,229.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	47,378,284.	27	26,981,272.
	28 Temporarily restricted net assets	9,823,769.	28	9,836,090.
	29 Permanently restricted net assets	25,597,923.	29	25,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	82,799,976.	33	36,842,362.
34 Total liabilities and net assets/fund balances	91,917,279.	34	49,341,591.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,343,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,443,872.
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,100,303.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,799,976.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	142,689.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	36,842,362.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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 - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,931,384.	75,715,027.	79,893,014.	100,897,551.	119,578,427.	435,015,403.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	58,931,384.	75,715,027.	79,893,014.	100,897,551.	119,578,427.	435,015,403.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						435,015,403.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	58,931,384.	75,715,027.	79,893,014.	100,897,551.	119,578,427.	435,015,403.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,886,235.	2,322,455.	2,075,027.	1,597,763.	217,420.	8,098,900.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	145,342.	137,553.	200,950.	111,649.	114,098.	709,592.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	1,689,982.	298,160.	772,902.	685,403.	1,353,667.	4,800,114.
11 Total support. Add lines 7 through 10						448,624,009.
12 Gross receipts from related activities, etc. (see instructions)				12		37,439,314.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.97%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.26%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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 in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►		<input type="checkbox"/>
b 33 1/3% support tests - 2009. 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 ►		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		<input type="checkbox"/>

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	0.	24,749.	76,977.	80,803.	91,208.	273,737.
SPONSORSHIPS	1,689,982.	273,411.	695,925.	604,600.	1,262,459.	4,526,377.
TOTALS	<u>1,689,982.</u>	<u>298,160.</u>	<u>772,902.</u>	<u>685,403.</u>	<u>1,353,667.</u>	<u>4,800,114.</u>

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$

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

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.

2 Political expenditures ▶ \$

3 Volunteer hours ▶

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

1 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 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 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 ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2010

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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.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	180,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	180,000.													
d	Other exempt purpose expenditures	136,643,403.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	136,823,403.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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 line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a 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.
c Total lobbying expenditures	112,289.	139,989.	195,000.	180,000.	627,278.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
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:			
a	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?			
e	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	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, 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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part IV Supplemental Information (continued)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2010

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	56,898,200.	47,205,443.	58,468,164.		
b Contributions	0.	0.	0.		
c Net investment earnings, gains, and losses	1,151,282.	9,692,757.	-11,262,721.		
d Grants or scholarships	47,262,887.				
e Other expenditures for facilities and programs	0.				
f Administrative expenses	0.				
g End of year balance	10,786,595.	56,898,200.	47,205,443.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 99.7700 %
 b Permanent endowment ▶ .2300 %
 c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,548,010.	2,338,972.	5,209,038.
d Equipment		9,804,217.	4,560,905.	5,243,312.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,452,350.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SEVERANCE PAYABLE	0.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

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

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, Q4

INTENDED USES OF ENDOWMENT FUNDS

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.

SCHEDULE D, PART X, Q4

FIN 48 LIABILITY

USO IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE
INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION
DESCRIBED IN IRC SECTION 501(C)(3). HOWEVER, INCOME GENERATED FROM
ACTIVITIES UNRELATED TO USO'S EXEMPT PURPOSE IS SUBJECT OT TAX UNDER IRC
SECTION 511. USO DID NOT HAVE ANY MATERIAL BUSINESS INCOME TAX LIABILITY
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009. THEREFORE, NO TAX
LIABILITY HAS BEEN PROVIDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL
STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(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)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	25.	66.	PROGRAM SERVICES	SEE PART V	5,827,548.
(2) EUROPE	18.	74.	PROGRAM SERVICES	SEE PART V	4,763,108.
(3) MIDDLE EAST AND NORTH AFRICA	9.	69.	PROGRAM SERVICES	SEE PART V	10,133,591.
(4) SOUTH ASIA	7.	22.	PROGRAM SERVICES	SEE PART V	1,914,656.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	59.	231.			22,638,903.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	59.	231.			22,638,903.

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

Schedule F (Form 990) 2010

JSA
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Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ **Part II can be duplicated if additional space is needed.**

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐
- 3 Enter total number of other organizations or entities. ☐

Schedule F (Form 990) 2010

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) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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). ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471). ☐ Yes ☒ No
- 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). ☐ Yes ☒ No
- 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). ☐ Yes ☒ 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). ☐ Yes ☒ No

Schedule F (Form 990) 2010

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); 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).

SCHEDULE F, PART I, LINE 3 (E)

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | |
|---|--|---|---|
| a | <input checked="" type="checkbox"/> Mail solicitations | e | <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> Internet and email solicitations | f | <input checked="" type="checkbox"/> Solicitation of government grants |
| c | <input checked="" type="checkbox"/> Phone solicitations | g | <input checked="" type="checkbox"/> Special fundraising events |
| d | <input checked="" type="checkbox"/> In-person solicitations | | |

2a 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? ☒ Yes ☐ No

b 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	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 WORTH LINEN ASSOCIATES	DIRECT RESP PROGRAM		X	56,991,455.	4,451,170.	52,540,284.
2 KELLOGG ORGANIZATION	CAPITAL CAMPAIGN		X	5,045,828.	372,500.	4,673,328.
3 MJD & ASSOCIATES	CAPITAL CAMPAIGN		X	202,020.	18,000.	184,020.
4 JUMPCURVE ONLINE	DIRECT RESP PROGRAM		X	73,313.	44,550.	28,763.
5 OMP DIRECT	DIRECT RESP PROGRAM		X	6,065,781.	455,000.	5,610,781.
6						
7						
8						
9						
10						
Total				68,378,397.	5,341,220.	63,037,176.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GALA (event type)	DFW PATRIOTS (event type)	10. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,635,650.	357,080.	928,590.	2,921,320.
	2 Less: Charitable contributions	1,547,255.	344,993.	691,992.	2,584,240.
	3 Gross income (line 1 minus line 2).	88,395.	12,087.	236,598.	337,080.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	801,051.	20,635.	692,667.	1,514,353.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(1,514,353.)
	11 Net income summary. Combine line 3, column (d), and line 10				-1,177,273.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

ADDRESS OF PROFESSIONAL FUNDRAISERS

WORTH LINEN ASSOCIATES

535 FIFTH AVENUE, 31ST FL.

NEW YORK, NY 10017

KELLOG ORGANIZATION, INC.

825 EAST SPEER BOULEVARD, SUITE 100-D

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

DENVER, COLORADO 80218

MJD

925 MCKELLIGON DRIVE

EL PASO, TX 79902

JUMPCURVE

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

1373 NEW BEDFORD LANE

RESTON, VA 20194

OMP DIRECT

1133 19TH ST, NW SUITE 300

WASHINGTON, DC 20036

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization
UNITED SERVICE ORGANIZATIONS, INC.
Employer identification number
13-1610451

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraised, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	USO OF METROPOLITAN WASHINGTON, INC. 228 MCMAIR ROAD FORT MYER, VA 22211	530204665	501 (c) (3)	193,057.				WOUNDED WARRIOR BAE SUPPORT
(2)	USO NEW ENGLAND 427 COMMERCIAL ST. BOSTON, MA 02109	042318250	501 (c) (3)	16,228.				BAE SUPPORT
(3)	USO NORTH CAROLINA P.O. BOX 298 JACKSONVILLE, NC 28541	560532315	501 (c) (3)	78,807.				REVENUE SHARE
(4)	USO COUNCIL OF SAN DIEGO, INC. 303 A ST. #100 SAN DIEGO, CA 92101	951644030	501 (c) (3)	75,609.				REVENUE SHARE/ BAE SUPPORT
(5)	USO OF GREATER LOS ANGELES/BOB HOPE AT TAX 203 WORLD WAY WEST LOS ANGELES, CA 90045	952302811	501 (c) (3)	32,468.				BAE SUPPORT REVENUE SHARE
(6)	USO MISSOURI 10701 LAMBERT INT'L BLVD	431237410	501 (c) (3)	65,972.				REVENUE SHARE
(7)	USO PENNSYLVANIA & SOUTHERN NEW JERSEY, INC. PHL TERMINAL D PHILADELPHIA, PA 19153	231426011	501 (c) (3)	52,569.				BAE SUPPORT/REVENUE WREATHS FOR ARLINGTON
(8)	WREATHS ACROSS AMERICA P.O. BOX 256 HARRINGTON, ME 14623	208262270	501 (c) (3)	10,000.				BRIDGES TO HEALING PROGRAM
(9)	MILITARY MINISTRY PO BOX 120124 NEWPORT NEWS, VA 23612	N/A	501 (c) (3)	66,000.				SURVIVOR CARE PACKAGES
(10)	TAPS 1777 F STREET NW WASHINGTON, DC 20006	920152268	501 (c) (3)	65,621.				AA SKYBALL PRODUCTION SUPPORT
(11)	THE FORT WORTH AIRPOWER FOUNDATION PO BOX 77077 FORT WORTH, TX 76177	722828493	501 (c) (3)	50,000.				DONATION & ENDURING CARE EVENT
(12)	USO PUGET SOUND SEA-TAC INT'L AIRPORT 17801 INTERNATIONAL	910573116	501 (c) (3)	32,953.				

- 2 Enter total number of section 501(c)(3) and government organizations ▶
- 3 Enter total number of other organizations ▶
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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.
▶ Attach to Form 990.

OMB No. 1545-0047
2010
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	USO CENTRAL OHIO 165 N. YEARLING ROAD WHITEHALL, OH 43213	314401239	501 (C) (3)	30,799.				KROGER REVENUE SHARE
(2)	USO GEORGIA PO BOX 20963 ATLANTA, GA 30320	580917673	501 (C) (3)	56,963.				REVENUE SHARE
(3)	USO GREATER JACKSONVILLE PO BOX 108 NAS JACKSONVILLE, FL 32212	591052424	501 (C) (3)	75,030.				REVENUE SHARE/ BAE SUPPORT
(4)	USO HAMPTON ROADS PO BOX 7250 HAMPTON, VA 23666	541305517	501 (C) (3)	198,332.				REVENUE SUPPORT/ BAE SUPPORT
(5)	USO METROPOLITAN NY THE PORT AUTHORITY NEW YORK, NY 10018	132500122	501 (C) (3)	152,486.				REVENUE SHARE/ BAE SUPPORT/GALA
(6)	USO SOUTH TEXAS PO BOX 7 CORPUS CHRISTI, TX 78403	741478872	501 (C) (3)	9,012.				REVENUE SHARE
(7)	USO INDIANA 2451 N. DELAWARE ST. INDIANAPOLIS, IN 46205	208349270	501 (C) (3)	5,391.				REVENUE SHARE
(8)	USO ILLINOIS 330 S. WABASH AVE. CHICAGO, IL 60604	362349617	501 (C) (3)	10,192.				REVENUE SHARE
(9)	USO FOUNDATION 2111 WILSON BLVD ARLINGTON, VA 22201	20-8861567	501 (C) (3)	30,539,336.				SPIRIT OF HOPE ENDOWMENT
(10)	USO FOUNDATION 2111 WILSON BLVD, SUITE 1200	20-8861567	501 (C) (3)		16,668,664. FMV		PUBLICLY TRADED SEC.	SPIRIT OF HOPE ENDOWMENT
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations **21**
- 3 Enter total number of other organizations **0**
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraised, other)	(f) Description of non-cash assistance
1	USO DESERT STORM EDUCATION FUND	17.	75,549.			
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

MONITORING PROCEDURES FOR U.S. GRANTS

USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH THE FORMS AND SCHEDULES SET FORTH IN THE RELATED POLICIES AND PROCEDURE MANUALS. REGULARLY REQUIRED REPORTS INCLUDE FINANCIAL REPORTS AND PROGRAM ACTIVITY REPORTS.

**SCHEDULE 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, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ 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:

a Receive a severance payment or change-of-control payment from the organization or a related organization? . . .

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2010

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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SLOAN GIBSON	(i) 292,922. (ii) 0. (iii) 0.	150,000. 0.	18,477. 0.	19,110. 0.	22,699. 0.	503,208. 0.	
2 JOHN FLANAGAN	(i) 220,422. (ii) 0. (iii) 0.	30,000. 0.	2,574. 0.	19,110. 0.	18,735. 0.	290,841. 0.	
3 PHILIP PARISI	(i) 235,531. (ii) 0. (iii) 0.	25,000. 0.	390. 0.	19,110. 0.	16,020. 0.	296,051. 0.	
4 JOHN HANSON	(i) 204,222. (ii) 0. (iii) 0.	0. 0.	2,574. 0.	16,380. 0.	19,921. 0.	243,097. 0.	
5 DEBORAH CARL	(i) 8,521. (ii) 0. (iii) 0.	0. 0.	164,699. 0.	1,943. 0.	862. 0.	176,025. 0.	
6 KELLI SEELY	(i) 209,173. (ii) 0. (iii) 0.	10,000. 0.	585. 0.	17,160. 0.	5,781. 0.	242,699. 0.	
7 RACHEL TISCHLER	(i) 140,293. (ii) 0. (iii) 0.	0. 0.	3,191. 0.	11,268. 0.	9,134. 0.	163,886. 0.	
8 JOHN PRAY	(i) 210,000. (ii) 0. (iii) 0.	25,000. 0.	897. 0.	18,330. 0.	3,597. 0.	257,824. 0.	
9 TIM KOBOSKO	(i) 174,909. (ii) 0. (iii) 0.	20,000. 0.	828. 0.	15,210. 0.	3,660. 0.	214,607. 0.	
10 TOM KOLSTAD	(i) 138,947. (ii) 0. (iii) 0.	0. 0.	39,178. 0.	14,222. 0.	14,120. 0.	206,467. 0.	
11 GARY BIBEAU	(i) 132,345. (ii) 0. (iii) 0.	0. 0.	41,799. 0.	13,743. 0.	12,104. 0.	199,991. 0.	
12 KEVIN WENSING	(i) 143,437. (ii) 0. (iii) 0.	10,000. 0.	685. 0.	12,415. 0.	19,558. 0.	186,095. 0.	
13	(i) 0. (ii) 0. (iii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	
14	(i) 0. (ii) 0. (iii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	
15	(i) 0. (ii) 0. (iii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	
16	(i) 0. (ii) 0. (iii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	

Part III Supplemental Information

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

SCHEDULE J. PART I, Q.1A**TRAVEL AND HOUSING POLICY**

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 REGION) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6 HOURS.

A HOUSING ALLOWANCE IN THE AMOUNT OF \$36,000 WAS PROVIDED TO THOMAS KOLSTAD IN HIS ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC.

Part III Supplemental Information

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

SCHEDULE J, PART 1, Q4A

SEVERANCE PAYMENTS

DEBORAH CARL \$148,470

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		879,678.	COST/SELLING PRICE
5 Clothing and household goods	X		7,212,836.	COST/SELLING PRICE
6 Cars and other vehicles	X	12.	75,602.	COST/SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	42.	707,696.	COST/SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	468,824.	1,992,641.	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

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

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

Schedule M (Form 990) (2010)

JSA

0E1298 1.000

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

QUESTION 32B

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

OMB No. 1545-0047

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

► Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

UNITED SERVICE

Employer identification number
13-1610451

13-1610451

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.

Part I can be duplicated if additional space is needed.

[illegible]

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

2 Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

• If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ►

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

Schedule N (Form 990 or 990-EZ) (2010)

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

PART II, LINE 2

JED BECKER IS THE DIRECTOR OF USO AND USO FOUNDATION. HIS ROLE IS THE
FINANCE COMMITTEE CHAIR OF USO, INC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

FORM 990, PART III, QUESTION 1

MISSION

THE USO'S MISSION IS TO ENHANCE THE QUALITY OF LIFE OF THE U.S. ARMED FORCES PERSONNEL AND THEIR FAMILIES WORLDWIDE AND TO CREATE A COOPERATIVE RELATIONSHIP BETWEEN U.S. MILITARY COMMUNITIES AND INVOLVED OR SUPPORTING CIVILIAN COMMUNITIES. THE "MISSION STATEMENT" OF THE ORGANIZATION AS ADOPTED BY BOARD IS AS FOLLOWS: "THE USO LIFTS THE SPIRITS OF AMERICA'S TROOPS AND THEIR FAMILIES."

FORM 990, PART III, QUESTION 4A

PROGRAM SERVICE #1

USO FACILITIES INCLUDED OVER 160 LOCATIONS IN 2010 (INCLUDING 13 MOBILE CANTEENS AND 20 CHARTERED CENTERS). LOCATIONS ARE IN US, EUROPE, ASIA, KUWAIT, AFGHANISTAN, IRAQ, AND PERSIAN GULF. PROVIDE CARE PACKAGES, TELEPHONE CARDS, FREE ACCESS TO THE INTERNET, 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, CULTURE 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. IN 2010, MILITARY PERSONNEL AND THEIR FAMILIES VISITED USO LOCATIONS MORE THAN 8 MILLION TIMES.

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

FORM 990, PART III, QUESTION 4B

PROGRAM SERVICE #2

PROVIDE CONCERTS, COMEDY SHOWS, SPORTS CLINICS, AND CELEBRITY HANDSHAKE
TOURS TO MILITARY PERSONNEL AND THEIR FAMILIES AROUND THE WORLD. VARIOUS
WELL KNOWN ENTERTAINERS TRAVELED TO 21 COUNTRIES, ENTERTAINING MORE THAN
367,000 SERVICE MEMBERS AND THEIR FAMILIES

FORM 990, PART III, QUESTION 4C

PROGRAM SERVICE #3

PROVIDE AWARENESS AND OUTREACH PROGRAMS IN SUPPORT OF THE MILITARY AND
THEIR FAMILIES.

FORM 990, PART III, QUESTION 4D

PROGRAM SERVICE #4

USO FOUNDATION WAS INCORPORATED AS A SUPPORTING ORGANIZATION ON MARCH 22,
2007 TO CARRY OUT AND SUPPORT THE GENERAL CHARITABLE PURPOSES OF USO. ON
JANUARY 20, 2010 AND FEBRUARY 2, 2010, THE FUNDS CONSTITUTING THE CORPUS
OF THE "SPIRIT OF HOPE ENDOWMENT" WERE TRANSFERRED TO THE FOUNDATION.

FORM 990, PART V, QUESTION 4B

COUNTRIES IN WHICH USO HOLDS A FINANCIAL INTEREST

ITALY

KOREA

UNITED ARAB EMIRATES

JAPAN

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

FORM 990, PART VI, QUESTION 6

MEMBERS AND STOCKHOLDERS OF THE ORGANIZATION:

THE MEMBERSHIP OF THE USO SHALL CONSIST OF TWO CLASSES OF MEMBERS: (1) VOTING MEMBERS CONSISTING OF: MEMBERS OF USO'S BOARD OF GOVERNORS DURING THEIR TERM OF SERVICE AND (2) NON-VOTING MEMBERS CONSISTING OF: MEMBERS OF THE ARMED FORCES OF THE UNITED STATES CURRENTLY ON ACTIVE DUTY; REPRESENTATIVES, AS MAY BE DESIGNATED BY USO'S BOARD OF GOVERNORS, FROM THE ORGANIZATIONS SET FORTH IN USO'S CONGRESSIONAL CHARTER; UP TO NINE PERSONS DESIGNATED BY THE PRESIDENT OF THE UNITED STATES, THEIR TERM OF MEMBERSHIP BEING COTERMINOUS WITH SUCH PRESIDENT'S INCUMBENCY; AND ANY OTHER PERSONS WHO MEET THE CRITERIA ESTABLISHED BY THE BOARD OF GOVERNORS FOR MEMBERSHIP.

FORM 990, PART VI, QUESTION 7A

MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY:

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.

FORM 990, PART VI, QUESTION 11B

REVIEW OF 990

A COPY OF THE DRAFT 990 WAS PROVIDED TO ALL BOARD MEMBERS, OFFICERS, AND

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

KEY EMPLOYEES PRIOR TO ITS FILING WITH THE IRS. THE PROCESS WAS
CONDUCTED IN MAY 2011. MEETING MINUTES REFLECT THE REVIEW AND DISCUSSION
OF THE IRS FORM 990 AT THE FINANCE COMMITTEE MEETING HELD IN MAY.

AN OUTSIDE ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990.

FORM 990, PART VI, QUESTION 12C

COMPLIANCE WITH CONFLICT OF INTEREST POLICIES:

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.

FORM 990, PART VI, QUESTION 15A AND B

PROCESS FOR DETERMINING COMPENSATION:

THE COMPENSATION IS ESTABLISHED BY THE USO BOARD OF GOVERNORS AFTER AN

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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.

FORM 990, PART VI, QUESTION 19

HOW THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC:
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USO WEBSITE. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE
UPON REQUEST.

FORM 990, PART VII, SECTION B

HIGHEST PAID INDEPENDENT CONTRACTORS

WORTH LINEN ASSOCIATES, INC.	DIRECT MAIL	4,463,258
535 FIFTH AVE, 31ST FL.		
NEW YORK, NY 10017		

POLARIS DIRCT	PRINTING	2,327,618
300 TECHNOLOGY FLOOR		
HOOKSET, NH 03106		

INTERNATIONAL DATA MANAGEMENT	DATA MANAGEMENT	1,431,015
490 WHITE POND DRIVE		
AKRON, OH 44320		

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

PROFESSIONAL MARKETING SERVICES, INC. SOURCING/DIST. 1,364,621

200 BENTON STREET

STRATFORD, CT 06615

VEE CORPORATION ENTERTAIN. SUPPORT 1,656,428

800 LASALLE AVENUE, STE. 1750

MINNEAPOLIS, MN 55402

FORM 990, PART VIII, LINE 8C

NET LOSS FROM FUNDRAISING EVENTS

NET INCOME FROM FUNDRAISING EVENTS IS \$1,406,968, OF WHICH \$834,599 IS

ATTRIBUTABLE TO THE ANNUAL USO GALA. THE PRESENTATION

OF NET LOSS FROM FUNDRAISING EVENTS OF \$1,177,272 AS SHOWN ON PART VIII

LN 8C IS MISLEADING DUE TO THE EXCLUSION OF THE PORTION OF GROSS

RECEIPTS THAT ARE CONSIDERED CONTRIBUTIONS. THESE AMOUNTS ARE REPORTED

AS FUNDRAISING EVENTS CONTRIBUTIONS ON PART VIII LN 1C. THE

CONTRIBUTION PORTION IS CALCULATED AS THE DIFFERENCE BETWEEN THE

CONTRIBUTOR'S PAYMENT AND THE RETAIL VALUE OF WHAT IS PROVIDED

FROM THE FUNDRAISING EVENT.

FORM 990, PART XI, LINE 5

EXPLANATION OF CHANGES IN NET ASSETS/FUND BALANCES:

UNREALIZED GAINS: 142,689

SCHEDULE B, SCHEDULE OF CONTIBUTORS

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

EMPLOYEE PLEDGES

MR. GIBSON PLEDGED \$225,000 TO THE USO, INC. IN 2010 IN SUPPORT OF THE
OPERATION ENDURING CARE CAPITAL CAMPAIGN.

ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION					COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 RAYMOND CALDIERO DIRECTOR	1.00	X					0.	0.	0.
30 CURT KOLCUN DIRECTOR	1.00	X					0.	0.	0.
31 GEN. PETER PACE DIRECTOR	1.00	X					0.	0.	0.
32 SUE TIMKEN DIRECTOR	1.00	X					0.	0.	0.
33 DR. MAYNARD HOWE DIRECTOR	1.00	X					0.	0.	0.
34 CHRIS KUBASIK DIRECTOR	1.00	X					0.	0.	0.
35 SLOAN GIBSON PRESIDENT/CEO	60.00			X			461,399.	0.	41,809.
36 JOHN FLANAGAN SECRETARY/SVP OPERATIONS	50.00			X			252,996.	0.	37,845.
37 PHILIP PARISI TREASURER/CFO	51.50			X			260,921.	0.	35,130.
38 JOHN HANSON SVP	50.00			X			206,796.	0.	36,301.
39 DEBORAH CARL SVP HR	50.00			X			173,220.	0.	2,805.
40 KELLI SEELY SVP DEVELOPMENT	50.00			X			219,758.	0.	22,941.
41 FRANK THORP SVP MARKETING & COMMUNICATIONS	50.00			X			127,933.	0.	12,094.
42 JOHN PRAY SVP PROGRAMS & ENTERTAINMENT	50.00			X			235,897.	0.	21,927.
43 TAMMY HEISER SVP HR	50.00			X			111,482.	0.	20,983.
44 TIM KOBOSKO VP IT	50.00			X			195,737.	0.	18,870.
45 RACHEL TISCHLER VP ENTERTAINMENT	40.00				X		143,484.	0.	20,402.
46 TOM KOLSTAD VP - PACIFIC REGION	40.00				X		178,125.	0.	28,342.
47 GARY BIBEAU VP - SOUTHWEST ASIA REGION	40.00				X		174,144.	0.	25,847.
48 KEVIN WENSING VP/ASSITANT TO THE PRESIDENT	40.00				X		154,122.	0.	31,973.
49 JEFF HILL									

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

ATTACHMENT 1 (CONT'D)

VP - US REGION

40.00

X

133,235.

0.

11,446.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number
13-1610451

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	USO FOUNDATION 2111 WILSON BLVD., SUITE 1200 ARLINGTON, VA 22201 20-8861567	FOUNDATION	VA	501 (C) (3)	11	N/A	X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2010

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
				1q	1r
(1)	USO FOUNDATION	M, N	40,602.	FMV	
(2)	USO FOUNDATION	Q	47,208,000.	FMV	
(3)					
(4)					
(5)					
(6)					

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

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Part VII Supplemental Information

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