

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2015** calendar year, or tax year beginning , **2015**, and ending , **20**

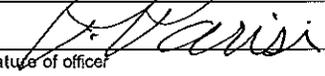
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED SERVICE ORGANIZATIONS, INC.			<b>D</b> Employer identification number 13-1610451		
	Doing Business As			<b>E</b> Telephone number (703) 908-6400		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	2111 WILSON BLVD		1200			
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22201						<b>G</b> Gross receipts \$ 148,125,694.
<b>F</b> Name and address of principal officer: J.D. CROUCH, II 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201						<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
						<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
						If "No," attach a list. (see instructions)
<b>I</b> 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						<b>H(c)</b> Group exemption number ▶ 1291
<b>J</b> Website: ▶ HTTP://WWW.USO.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1941		<b>M</b> State of legal domicile: DC	

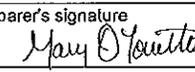
**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE USO STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME, AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE NATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	28.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	27.
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	511.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	10,793.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	84,899.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	125,940,710.	121,592,891.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,951,699.	3,978,920.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	453,846.	1,671,835.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-565,404.	-599,427.
		130,780,851.	126,644,219.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,301,360.	18,983,682.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,965,834.	36,910,786.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,794,712.	2,062,302.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,080,251.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	74,414,083.	73,108,071.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,475,989.	131,064,841.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	2,304,862.	-4,420,622.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	81,927,851.	75,071,980.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,441,006.	10,590,343.
		70,486,845.	64,481,637.

**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.

<b>Sign Here</b>	Signature of officer 	Date 08/08/2016
	PHILIP PARISI Type or print name and title	TREASURER AND CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY TORRETTA	Preparer's signature 	Date 08/08/2016	Check <input type="checkbox"/> if self-employed	PTIN P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 703-847-7500	
	Firm's address ▶ 2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102				

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** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE UNITED SERVICE ORGANIZATIONS, INC. ("USO") STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME, AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE NATION.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 42,038,466. including grants of \$ 2,364,954. ) (Revenue \$ 3,978,920. ) CENTER OPERATIONS - SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 8,452,380. including grants of \$ ) (Revenue \$ ) ENTERTAINMENT TOURS - SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 14,054,615. including grants of \$ 4,407,864. ) (Revenue \$ ) WARRIOR AND FAMILY PROGRAMMING - SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 29,736,802. including grants of \$ 12,205,864. ) (Revenue \$ )

4e Total program service expenses 94,282,263.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

KRISTINE SHUMACK, VP-CONTROLLER 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22 703-908-6400

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

Check if Schedule O contains a response or note to any line in this Part VII.  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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) J.D. CROUCH, II PRESIDENT/CEO	50.00 0.	X		X				537,223.	0.	46,701.
(2) GEN. RICHARD B. MYERS CHAIRMAN/DIRECTOR	2.00 0.	X		X				0.	0.	0.
(3) GEN. GEORGE CASEY DIRECTOR	2.00 0.	X						0.	0.	0.
(4) ORLAN BOSTON DIRECTOR	1.00 0.	X						0.	0.	0.
(5) RAYMOND CALDIERO DIRECTOR	2.00 0.	X						0.	0.	0.
(6) TOM R. DEL VALLE DIRECTOR	1.00 0.	X						0.	0.	0.
(7) JANICE K. EMMERT DIRECTOR	2.00 0.	X						0.	0.	0.
(8) JAMES HAMILTON DIRECTOR	2.00 0.	X						0.	0.	0.
(9) MARILYN A. HEWSON DIRECTOR	1.00 0.	X						0.	0.	0.
(10) DR. MAYNARD HOWE DIRECTOR	1.00 0.	X						0.	0.	0.
(11) CURT KOLCUN DIRECTOR	1.00 0.	X						0.	0.	0.
(12) DEBRA LANGFORD DIRECTOR	2.00 0.	X						0.	0.	0.
(13) ROBIN LINEBERGER DIRECTOR	1.00 0.	X						0.	0.	0.
(14) WILLIAM J. LYNN, III DIRECTOR	1.00 0.	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
15) ROBERT A. MARTINEZ DIRECTOR	1.00 0.	X					0.	0.	0.	
16) LISA BORIN OGDEN DIRECTOR	1.00 0.	X					0.	0.	0.	
17) MICHAEL H. O'SHEA DIRECTOR	1.00 0.	X					0.	0.	0.	
18) BEATRIZ R. PEREZ DIRECTOR	1.00 0.	X					0.	0.	0.	
19) MICHAEL PHELPS DIRECTOR	1.00 0.	X					0.	0.	0.	
20) KENNETH O. PRESTON DIRECTOR	1.00 0.	X					0.	0.	0.	
21) LT GEN HARRY D. RADUEGE DIRECTOR	2.00 0.	X					0.	0.	0.	
22) EDWARD T. REILLY DIRECTOR	2.00 1.00	X					0.	0.	0.	
23) LEONEL R. ROCHE DIRECTOR	1.00 0.	X					0.	0.	0.	
24) KARL-HEINZ STAHL DIRECTOR	1.00 0.	X					0.	0.	0.	
25) JOHN SUTTLE DIRECTOR	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							537,223.	0.	46,701.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,476,899.	0.	332,653.	
<b>d Total (add lines 1b and 1c)</b>							3,014,122.	0.	379,354.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **57**

	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **38**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
26) SUE TIMKEN DIRECTOR	1.00 0.	X					0.	0.	0.	
27) THOMAS E. VICE DIRECTOR	2.00 1.00	X					0.	0.	0.	
28) LOUIS A. WEIL DIRECTOR	1.00 0.	X					0.	0.	0.	
29) PHILIP PARISI TREASURER/CFO	48.00 2.00			X			320,955.	0.	45,937.	
30) TAMMY HEISER SVP, HUMAN RESOURCES/SECRETARY	50.00 0.			X			258,331.	0.	45,500.	
31) JOHN PRAY EVP. CHIEF OF STAFF	50.00 0.				X		163,127.	0.	14,647.	
32) ALAN REYES SVP, OPERATIONS & PROGRAMS	50.00 0.				X		265,958.	0.	48,858.	
33) LISA ANASTASI CHIEF DEVELOPMENT OFFICER	50.00 0.				X		326,418.	0.	40,942.	
34) PAUL ALLVIN SVP, BRAND ADVANCEMENT	50.00 0.				X		184,230.	0.	22,021.	
35) BRUCE BURDA REGIONAL VP, OPERATIONS SWA	40.00 0.					X	202,251.	0.	18,730.	
36) GENA FITZGERALD VP, COMMUNICATIONS	40.00 0.					X	193,657.	0.	34,822.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **57**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	1,186,836.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	2,156,444.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	20,370,582.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	97,879,029.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		7,685,512.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			121,592,891.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>USO CENTER</u>			<b>Business Code</b>			
			900099	3,894,521.	3,894,521.			
<b>b</b> <u>PUBLICATIONS ADVERTISING</u>					541800	84,399.	84,399.	
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .						3,978,920.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .				676,821.		676,821.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.			
	<b>5</b> Royalties . . . . .				0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .				0.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		20,989,882.	50,223.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				20,033,449.	11,642.	
		<b>c</b> Gain or (loss) . . . . .				956,433.	38,581.	
	<b>d</b> Net gain or (loss) . . . . .				995,014.	500.	994,514.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>2,156,444.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				594,144.		
		<b>b</b> Less: direct expenses . . . . .				1,304,314.		
		<b>c</b> Net income or (loss) from fundraising events . . . . .				-710,170.		-710,170.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				8,220.		
		<b>b</b> Less: direct expenses . . . . .				8,620.		
<b>c</b> Net income or (loss) from gaming activities . . . . .					-400.		-400.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				133,620.			
	<b>b</b> Less: cost of goods sold . . . . .				123,450.			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .				10,170.	10,170.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> <u>MISCELLANEOUS INCOME</u>			900099	100,973.		100,973.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				100,973.				
<b>12 Total revenue.</b> See instructions. . . . .				126,644,219.	3,904,691.	84,899.	1,061,738.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	18,983,682.	18,983,682.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,416,437.	1,088,674.	891,525.	436,238.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	27,625,719.	21,807,663.	2,758,370.	3,059,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,983,047.	1,510,608.	232,005.	240,434.
9 Other employee benefits . . . . .	2,785,533.	2,119,490.	347,873.	318,170.
10 Payroll taxes . . . . .	2,100,050.	1,651,906.	215,797.	232,347.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	561,118.	254,868.	125,726.	180,524.
c Accounting . . . . .	172,627.		172,627.	
d Lobbying . . . . .	180,000.	180,000.		
e Professional fundraising services. See Part IV, line 17.	2,062,302.			2,062,302.
f Investment management fees . . . . .	31,866.		31,866.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	6,414,899.	4,850,249.	1,550,128.	14,522.
12 Advertising and promotion . . . . .	1,200,049.	491,650.		708,399.
13 Office expenses . . . . .	12,143,400.	5,766,298.	2,831,242.	3,545,860.
14 Information technology . . . . .	3,948,837.	3,418,468.	253,654.	276,715.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,357,774.	812,061.	269,716.	275,997.
17 Travel . . . . .	6,248,249.	5,666,492.	260,508.	321,249.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	563,980.	391,867.	59,462.	112,651.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,187,262.	2,139,295.	23,984.	23,983.
23 Insurance . . . . .	338,617.	245,854.	48,262.	44,501.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING AND PRODUCTION</u> . . . . .	21,250,459.	7,158,441.	3,377,807.	10,714,211.
b <u>PROGRAM SUPPLIES/SUPPORT</u> . . . . .	14,643,495.	14,643,495.		
c <u>RENTAL AND MAINTENANCE</u> . . . . .	477,926.	446,177.	16,854.	14,895.
d <u>SUBSCRIPTION, DUES, TRAINING</u> . . . . .	362,073.	168,479.	68,134.	125,460.
e All other expenses . . . . .	1,025,440.	486,546.	166,787.	372,107.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	131,064,841.	94,282,263.	13,702,327.	23,080,251.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	32,399,737.	10,509,974.	7,038,532.	14,851,231.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	6,902,339.	<b>1</b>	4,709,469.
	<b>2</b> Savings and temporary cash investments . . . . .	32,863,179.	<b>2</b>	24,854,740.
	<b>3</b> Pledges and grants receivable, net . . . . .	17,498,361.	<b>3</b>	12,623,714.
	<b>4</b> Accounts receivable, net . . . . .	362,169.	<b>4</b>	491,250.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other 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). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	4,202,667.	<b>8</b>	3,762,059.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,405,013.	<b>9</b>	2,249,556.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 22,747,138.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 17,832,402.	5,477,787.	<b>10c</b> 4,914,736.
	<b>11</b> Investments - publicly traded securities . . . . .	13,216,336.	<b>11</b>	21,466,456.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	81,927,851.	<b>16</b>	75,071,980.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,889,086.	<b>17</b>	8,584,789.
	<b>18</b> Grants payable . . . . .	2,375,057.	<b>18</b>	1,912,450.
	<b>19</b> Deferred revenue . . . . .	176,863.	<b>19</b>	93,104.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	11,441,006.	<b>26</b>	10,590,343.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	55,676,920.	<b>27</b>	53,502,306.
	<b>28</b> Temporarily restricted net assets . . . . .	14,784,925.	<b>28</b>	10,954,331.
	<b>29</b> Permanently restricted net assets . . . . .	25,000.	<b>29</b>	25,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	70,486,845.	<b>33</b>	64,481,637.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	81,927,851.	<b>34</b>	75,071,980.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	126,644,219.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	131,064,841.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-4,420,622.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	70,486,845.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,584,586.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	64,481,637.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

<b>Name of the organization</b> UNITED SERVICE ORGANIZATIONS, INC.	<b>Employer identification number</b> 13-1610451
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**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (99.88%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (99.84%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>		Yes	No
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>		Yes	No
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>		Yes	No
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013 . . . . .			
e From 2014 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . . . .			
d Excess from 2014 . . . . .			
e Excess from 2015 . . . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
MISC INCOME	89,657.	67,941.	67,133.	79,934.	100,973.	405,638.
FUNDRAISING & GAMING EVENTS			-777,855.	-694,150.	-710,570.	-2,182,575.
<b>TOTALS</b>	<u>89,657.</u>	<u>67,941.</u>	<u>-710,722.</u>	<u>-614,216.</u>	<u>-609,597.</u>	<u>-1,776,937.</u>

# Schedule of Contributors

**2015**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> UNITED SERVICE ORGANIZATIONS, INC.	<b>Employer identification number</b> 13-1610451
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**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> UNITED SERVICE ORGANIZATIONS, INC.	<b>Employer identification number</b> 13-1610451
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 20,370,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number  
13-1610451

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

**If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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**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 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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		180,000.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		180,000.													
<b>d</b> Other exempt purpose expenditures . . . . .		130,884,841.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		131,064,841.													
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	180,000.	180,000.	180,000.	180,000.	720,000.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, volunteers, staff, media, mailings, publications, grants, direct contact, rallies, and other activities.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and aggregate amount reported in notices.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

LOBBYING ACTIVITY
SCHEDULE C, PART II-A, LINE 1B
THE UNITED SERVICE ORGANIZATIONS, INC. (USO) LOBBIES FOR CONGRESSIONAL APPROPRIATIONS AND ENSURES MEMBERS OF CONGRESS ARE ON ITS CAUCUS TO FOSTER RELATIONSHIPS WITH TROOPS.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

UNITED SERVICE ORGANIZATIONS, INC.

13-1610451

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 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 XIII, the text of the footnote to its financial statements that describes these items., 1b 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) Revenue 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 Revenue 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) 2015

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit 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" on 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 XIII 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, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on 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	12,317,654.	11,929,976.	11,502,059.	10,872,346.	10,786,595.
b Contributions					
c Net investment earnings, gains, and losses	-86,790.	416,565.	453,870.	648,000.	108,718.
d Grants or scholarships	12,205,864.				
e Other expenditures for facilities and programs					
f Administrative expenses		28,887.	25,953.	18,287.	22,967.
g End of year balance	25,000.	12,317,654.	11,929,976.	11,502,059.	10,872,346.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.0000 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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		X
(ii) related organizations	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	X	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		9,882,297.	7,674,935.	2,207,362.
d Equipment		4,222,278.	3,688,756.	533,522.
e Other		8,642,563.	6,468,711.	2,173,852.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,914,736.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII Supplemental Information** (continued)

## INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE BOARD DESIGNATED PORTION OF THE ENDOWMENT IS RESTRICTED TO ASSIST THE  
USO IN DELIVERING ITS PROGRAMS AND SERVICES FOR MANY YEARS INTO THE  
FUTURE. DURING 2015, THE BOARD OF GOVERNORS APPROVED THE TRANSFER OF THE  
BALANCE OF THE BOARD DESIGNATED PORTION OF THE SPIRIT OF HOPE ENDOWMENT  
TO THE USO FOUNDATION. HOWEVER, CONTRIBUTIONS/EARNINGS HAVE NOT BEEN  
SPENT BY THE FOUNDATION TO DATE.

## LIABILITY FOR UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

PURSUANT TO US GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ("US GAAP"), THE  
FOUNDATION IS AUDITED AND REPORTED IN THE CONSOLIDATED AUDITED FINANCIAL  
STATEMENTS OF THE USO. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE  
CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31,  
2015.

THE USO IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE  
INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS AN ORGANIZATION  
DESCRIBED IN IRC SECTION 501(C)(3). HOWEVER, INCOME GENERATED FROM  
ACTIVITIES UNRELATED TO THE USO'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER  
IRC SECTION 511. THE USO HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE  
MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED  
INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR  
WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY  
BE CONSIDERED TAX POSITIONS. THE USO DID NOT HAVE ANY MATERIAL UNRELATED  
BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2015 AND

**Part XIII** Supplemental Information (continued)

2014. THEREFORE, NO INCOME TAX LIABILITY HAS BEEN PROVIDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

US GAAP REQUIRES THAT AN INCOME TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. USO FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE TAX YEARS ENDING DECEMBER 31, 2015, 2014, 2013 AND 2012 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. USO HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

UNITED SERVICE ORGANIZATIONS, INC.

13-1610451

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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
<b>(1)</b> EAST ASIA AND THE PACIFIC	20.	61.	PROGRAM SERVICES	OP. OF USO CENTER	5,289,076.
<b>(2)</b> EUROPE	22.	87.	PROGRAM SERVICES	OP. OF USO CENTER	6,594,735.
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA	5.	31.	PROGRAM SERVICES	OP. OF USO CENTER	4,876,910.
<b>(4)</b> SOUTH ASIA	6.	15.	PROGRAM SERVICES	OP. OF USO CENTER	2,309,684.
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .	53.	194.			19,070,405.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	53.	194.			19,070,405.

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

Schedule F (Form 990) 2015

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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. . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 separately 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; do not file with Form 990)* . . . . .  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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

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ACTIVITIES OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

FOREIGN ACTIVITIES OF THE USO INCLUDE THE FOLLOWING: PROVIDE 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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				66,843,563.	4,668,181.	62,317,507.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	PATS DINNER (event type)	32. (total number)		
Revenue	1	Gross receipts . . . . .	1,317,286.	252,630.	1,180,672.	2,750,588.
	2	Less: Contributions . . . . .	1,168,969.	230,130.	757,345.	2,156,444.
	3	Gross income (line 1 minus line 2) . . . . .	148,317.	22,500.	423,327.	594,144.
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .			104,718.	104,718.
	7	Food and beverages . . . . .	223,705.	24,118.	129,351.	377,174.
	8	Entertainment . . . . .	7,729.	3,711.	15,891.	27,331.
	9	Other direct expenses . . . . .	611,608.	10,938.	172,545.	795,091.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,304,314.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-710,170.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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.** 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 provide any additional information (see instructions).

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## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
WORTH LINEN ASSOCIATES 535 FIFTH AVE 31ST FL NEW YORK NY 10017	DR MAIL PROGRAM		X	62,951,501.	4,097,826.	58,853,675.
ANNE LEWIS STRATEGIES, LL 901 NEW YORK AVE NW STE 470 E WASHINGTON DC 20001	DR WEB PROGRAM		X	2,330,541.	350,200.	1,980,341.
TRUE NORTH, INC. 630 THIRD AVE 12TH FL NEW YORK NY 10017	CONSULTING		X	1,561,521.	78,030.	1,483,491.
DATOC WITTEN GROUP 13145 APPLGROVE LANE HERNDON VA 20171	CONSULTING		X		35,000.	
COMMONWEALTH PARTNERS 704 E CALIFORNIA BLVD PASADENA CA 91106	CONSULTING		X		67,625.	

UNITED SERVICE ORGANIZATIONS, INC.

13-1610451

ATTACHMENT 1 (CONT'D)

SOCIAL CAPITAL

CONSULTING

X

39,500.

980 N MICHIGAN AVE STE 1610  
CHICAGO  
IL 60611

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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
<b>(1)</b> ARMED SERVICES YMCA OF THE USA 7405 ALBAN STATION CT., SPRFLD, VA 22150	36-3274346	501(C)(3)	61,883.				PROGRAM SUPPORT
<b>(2)</b> BLUE SKY FOUNDATION, INC. 15910 LISBON COURT WELLINGTON, FL 33414	26-1886137	501(C)(3)	52,500.				EVENT SUPPORT
<b>(3)</b> FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, ROCKVILLE, MD 20850	11-3158401	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(4)</b> FITNESS CHALLENGE FOUNDATION 23679 CALABASAS RD CALABASAS, CA 91302	20-2252840	501(C)(3)	213,005.				PROGRAM SUPPORT
<b>(5)</b> HIRE HEROES USA 100 N PT CTR E ALPHARETTA, GA 30022	43-1562688	501(C)(3)	1,201,971.				PROGRAM SUPPORT
<b>(6)</b> NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE, ALEXANDRIA, VA 22304	52-0899384	501(C)(3)	173,554.				PROGRAM SUPPORT
<b>(7)</b> OUR MILITARY KIDS 6861 ELM STREET, SUITE 2-A MCLEAN, VA 22101	56-2483648	501(C)(3)	10,000.				PROGRAM SUPPORT
<b>(8)</b> PROJECT SANCTUARY PO BOX 1563 GRANBY, CO 80446	26-1410596	501(C)(3)	99,000.				PROGRAM SUPPORT
<b>(9)</b> RENOVATING HOPE, INC. PO BOX 438 WESTTOWN, PA 19395	80-0600071	501(C)(3)	150,000.				PROGRAM SUPPORT
<b>(10)</b> RP/6, INC. 9881 BRIDGEPORT WAY SW LAKEWOOD, WA 98499	45-3484547	501(C)(3)	463,333.				PROGRAM SUPPORT
<b>(11)</b> STRONGER FAMILIES 12015 115TH AVE NE, KIRKLAND, WA 98034	94-3080306	501(C)(3)	724,625.				PROGRAM SUPPORT
<b>(12)</b> TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD, ARLINGTON, VA 22201	92-0152268	501(C)(3)	195,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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
<b>(1)</b> TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	75,000.				PROGRAM SUPPORT
<b>(2)</b> USO CENTRAL FLORIDA 4100 GEORGE J. BEAN PKWY, TAMPA, FL 33607	37-1664582	501(C)(3)	66,309.				REVENUE SHARE
<b>(3)</b> USO CENTRAL OHIO P.O. BOX 13176 COLUMBUS, OH 43213	31-4401239	501(C)(3)	36,449.				REVENUE SHARE
<b>(4)</b> USO FOUNDATION 2111 WILSON BLVD, ARLINGTON, VA 22201	20-8861567	501(C)(3)	12,205,864.				SPIRIT OF HOPE ENDOWMENT
<b>(5)</b> USO GEORGIA PO BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)	13,432.				REVENUE SHARE
<b>(6)</b> USO GREATER JACKSONVILLE PO BOX 108, BLDG., JACKSONVILLE, FL 32212	59-1052424	501(C)(3)	19,668.				REVENUE SHARE
<b>(7)</b> USO GREATER LOS ANGELES 203 WORLD WAY WEST LOS ANGELES, CA 90045	95-2302811	501(C)(3)	114,168.				REVENUE SHARE EVENT SUPPORT
<b>(8)</b> USO HAMPTON ROADS PO BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)	25,537.				REVENUE SHARE
<b>(9)</b> USO ILLINOIS 330 S. WABASH AVE., CHICAGO, IL 60604	36-2349617	501(C)(3)	82,334.				REVENUE SHARE
<b>(10)</b> USO METROPOLITAN DC 228 MCNAIR ROAD, FORT MYER, VA 22211	53-0204665	501(C)(3)	1,113,914.				REVENUE SHARE PROGRAM SUPPORT
<b>(11)</b> USO METROPOLITAN NY 1601 BROADWAY, 11TH FL NEW YORK, NY 10019	13-2500122	501(C)(3)	108,152.				REVENUE SHARE PROGRAM SUPPORT
<b>(12)</b> USO MISSOURI 10701 LAMBERT INTL BLVD ST. LOUIS, MO 63145	43-1237410	501(C)(3)	12,579.				REVENUE SHARE EVENT SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2015**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 NORTH CAROLINA P.O. BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)	7,818.				REVENUE SHARE PROGRAM SUPPORT
(2) USO NORTHERN OHIO 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34-6006829	501(C)(3)	23,780.				REVENUE SHARE
(3) USO NORTHWEST 17801 INTERNATIONAL SEATTLE, WA 98158	91-0573116	501(C)(3)	37,110.				REVENUE SHARE
(4) USO PENNSYLVANIA & SOUTH NJ PHILLY INTL AIRPORT PHILADELPHIA, PA 19153	23-1426011	501(C)(3)	257,267.				REVENUE SHARE
(5) USO PIONEER VALLEY 100 WALKER AVENUE, BOX 33	04-2318250	501(C)(3)	23,577.				REVENUE SHARE
(6) USO SAN DIEGO DOWNTOWN CTR 303 A ST, SAN DIEGO, CA 92101	95-1644030	501(C)(3)	34,699.				PROGRAM SUPPORT
(7) USO SOUTH TEXAS 320 5TH ST. CORPUS CHRISTI, TX 78418	74-1478872	501(C)(3)	8,373.				REVENUE SHARE
(8) WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	20-8362270	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) WYAKIN WARRIOR FOUNDATION 9249 W. BAY STRM CT. GARDEN CITY, ID 83714	27-1674941	501(C)(3)	300,000.				WOUNDED WARRIOR EDUCATION PROGRAMS
(10) THE COMFORT CREW FOR MILITARY KIDS 9020 N. CAPITAL OF TX HWY AUSTIN, TX 78759	26-0141940	501(C)(3)	957,718.				PROGRAM SUPPORT
(11) BOULDER CREST RETREAT FOUNDATION P.O. BOX 117 BLUEMONT, VA 20135	27-3228310	501(C)(3)	60,000.				PROGRAM SUPPORT
(12) BLUE STAR FAMILIES P.O. BOX 322 FALLS CHURCH, VA 22040	80-0369895	501(C)(3)	25,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 36.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2015)

**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, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE US.

SCHEDULE I, PART I, LINE 2

USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH THE GRANT AGREEMENTS AND/OR THE FORMS AND SCHEDULES SET FORTH IN THE RELATED CHARTERED CENTER 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

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

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

**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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 J.D. CROUCH, II PRESIDENT/CEO	(i)	493,062.	43,000.	1,161.	23,850.	22,851.	583,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN PRAY EVP. CHIEF OF STAFF	(i)	97,875.	42,000.	23,252.	14,647.		177,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PHILIP PARISI TREASURER/CFO	(i)	270,550.	50,000.	405.	21,887.	24,050.	366,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 TAMMY HEISER SVP, HUMAN RESOURCES/SECRETARY	(i)	222,960.	35,000.	371.	21,950.	23,550.	303,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ALAN REYES SVP, OPERATIONS & PROGRAMS	(i)	235,562.	30,000.	396.	23,508.	25,350.	314,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 LISA ANASTASI CHIEF DEVELOPMENT OFFICER	(i)	280,887.	20,000.	25,531.	19,996.	20,946.	367,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAUL ALLVIN SVP, BRAND ADVANCEMENT	(i)	183,940.	0.	290.	14,433.	7,588.	206,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 BRUCE BURDA REGIONAL VP, OPERATIONS SWA	(i)	151,884.	9,000.	41,367.	17,732.	998.	220,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 GENA FITZGERALD VP, COMMUNICATIONS	(i)	177,861.	14,976.	820.	17,863.	16,959.	228,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 KRISTINE SHUMACK VP, CONTROLLER	(i)	172,991.	17,000.	163.	17,329.	3,638.	211,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 RACHEL TISCHLER VP, ENTERTAINMENT OPS	(i)	175,013.	11,000.	273.	15,040.	8,392.	209,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GLENN WELLING VP, OPERATIONS	(i)	177,743.	7,000.	789.	16,632.	165.	202,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

A HOUSING ALLOWANCE IN THE AMOUNT OF \$25,308 WAS PROVIDED TO LISA ANASTASI, CHIEF DEVELOPMENT OFFICER, TO SUPPORT TEMPORARY HOUSING DURING HER RELOCATION TO ARLINGTON, VIRGINIA.

TRAVEL FOR COMPANIONS

THE PRESIDENT AND CEO OF THE USO MAY BE ACCOMPANIED BY HIS/HER SPOUSE ON OFFICIAL USO BUSINESS IF SPECIFIC BUSINESS PURPOSE IS SUPPORTED AND APPROVED BY THE CHAIRMAN OF THE BOARD OF GOVERNORS.

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

**Part III Supplemental Information**

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

OUTSIDE OF YOUR REGIONS) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6  
HOURS.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE KEY EMPLOYEES WERE  
PAID BASED ON 2014 ACHIEVEMENT OF ORGANIZATIONAL GOALS AND OVERALL  
INDIVIDUAL CONTRIBUTIONS AND ACCOMPLISHMENTS AND WERE REVIEWED BY THE  
EXECUTIVE COMMITTEE OF THE BOARD. THE AMOUNT SHOWN IN PART II, COLUMN B  
(II) FOR THE VPS WERE PAID BASED ON 2014 ACHIEVEMENTS AND WRITTEN  
PERFORMANCE PLANS AND APPROVED BY MANAGEMENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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		70,945.	COST/SELLING PRICE
5 Clothing and household goods . . . . .	X		3,426,779.	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	59.	758,236.	FAIR MARKET VALUE
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	1,997.	3,429,552.	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** 1.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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) (2015)

JSA

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

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

THE USO WORKS WITH CAR PROGRAM LLC IN ORDER TO GENERATE FUNDRAISING REVENUE FROM DONATED VEHICLES. CAR PROGRAM LLC ADMINISTERS THE ARRANGEMENT FOR: TOWING, RECEIPT DISTRIBUTION, FOLLOW-UP SALES, TITLE PROCESSING, APPRAISAL (IF REQUIRED), SALE AT AUCTION OR DISMANTLER, AND DISTRIBUTION OF SALES. THE USO DID NOT RECEIVE CONTRIBUTIONS OF VEHICLES DURING 2015.

THE USO ALSO ENGAGES A BROKERAGE FIRM THAT IS AUTHORIZED TO SELL DONATED SECURITIES ON ITS BEHALF.

**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

**2015**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

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13-1610451

PROGRAM SERVICES

FORM 990, PART III, LINE 4

FOR 75 YEARS, THE USO HAS KEPT AMERICA'S MILITARY MEN AND WOMEN CONNECTED TO FAMILY, HOME AND COUNTRY THROUGHOUT THEIR SERVICE TO THIS NATION - NO MATTER WHERE, HOW LONG, OR UNDER WHAT CONDITIONS THEY SERVE. THE USO WAS FOUNDED IN PREPARATION FOR WORLD WAR II BY NATIONAL LEADERS WHO UNDERSTOOD THAT MAINTAINING HIGH MORALE IN A FIGHTING FORCE IS CRUCIAL TO A NATION'S MILITARY SUCCESS. THE USO REMAINS THE VITAL BRIDGE BETWEEN AMERICANS AND THEIR MILITARY SERVICE MEMBERS.

THE USO IS A FAMILY OF DEDICATED STAFF AND THOUSANDS OF VOLUNTEERS, SUSTAINED BY THE GENEROSITY OF MILLIONS OF INDIVIDUALS, ORGANIZATIONS AND CORPORATIONS THAT SUPPORT ITS CHARITABLE ACTIVITIES AROUND THE WORLD. THE GRASSROOTS SUPPORT OF AMERICANS THROUGH USO'S DIRECT RESPONSE FUNDRAISING PROGRAM IS PARTICULARLY IMPORTANT BECAUSE THE ORGANIZATION MUST SUSTAIN OPERATIONS IN LOCATIONS AND ENVIRONMENTS WHERE LOCAL FUNDRAISING IS NOT POSSIBLE. IN ADDITION TO CASH CONTRIBUTIONS, THE USO BENEFITS FROM THE DONATION OF MILLIONS OF DOLLARS' WORTH OF CRITICAL GOODS AND SERVICES, INCLUDING FOOD FOR SERVICE MEMBERS, OPERATING FACILITIES AROUND THE WORLD, AND DONATED SERVICES FROM ENTERTAINERS AND VOLUNTEERS.

IN A 2015 SURVEY, SERVICE MEMBERS AND THEIR FAMILIES AGREED THAT THE USO DELIVERS JUST WHAT THEY NEED.

96% SAY THE USO BOOSTS THEIR MORALE.

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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94% SAY THE USO SHOWS OUR COUNTRY SUPPORTS THEM.

91% SAY THE USO EASES THEIR SEPARATION FROM FAMILY AND FRIENDS.

WE ARE UNITED IN OUR COMMITMENT TO SUPPORT AMERICA'S SERVICE MEMBERS BY KEEPING THEM CONNECTED TO THE PEOPLE, PLACES AND THINGS THEY LOVE. WE DO THIS THROUGH COUNTLESS ACTS OF CARING, COMFORT, CONNECTION AND SUPPORT. THE WORK OF THE USO IS AMERICA'S MOST POWERFUL EXPRESSION OF GRATITUDE TO THE MEN AND WOMEN WHO SECURE OUR NATION'S FREEDOMS.

FORM 990, PART III, LINE 4A - CENTER OPERATIONS

THE USO PROVIDES PROGRAMS, ENTERTAINMENT AND SERVICES AT MORE THAN 180 LOCATIONS WORLDWIDE, INCLUDING MORE THAN 100 USO OWNED AND OPERATED LOCATIONS, AND MORE THAN 80 CHARTERED USO AFFILIATE LOCATIONS. USO OPERATIONS ARE LOCATED THROUGHOUT THE UNITED STATES (INCLUDING THE U.S. TERRITORY OF GUAM), AND IN COUNTRIES OVERSEAS, INCLUDING AFGHANISTAN, IRAQ, KUWAIT, THE UNITED ARAB EMIRATES, GERMANY, ITALY, JAPAN, SOUTH KOREA, AND DJIBOUTI. USO OPERATES IN AIRPORTS, ON AND NEAR MILITARY BASES, AND IN COMBAT AND HARDSHIP ZONES. MOST USO LOCATIONS OPERATE OUT OF SPACE THAT IS PROVIDED FOR FREE OR AT GREATLY REDUCED RENT, ENABLING THE USO TO SAVE ON CRITICAL OPERATING EXPENSES.

IN 2015, USO SERVED MORE THAN 9.6 MILLION VISITORS AND PROGRAM PARTICIPANTS (INCLUDING 4 MILLION VISITORS AND PROGRAM PARTICIPANTS THROUGH ITS CHARTERED USO AFFILIATES ). THE USO'S CENTERS PROVIDE A WARM AND COMFORTING PLACE WHERE SERVICE MEMBERS CAN CONNECT WITH LOVED ONES

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BACK HOME VIA INTERNET OR TELEPHONE, PLAY A VIDEO GAME, CATCH A MOVIE, HAVE A SNACK OR JUST PUT THEIR FEET UP AND RELAX. CURRENTLY, THE FOUR USO LOCATIONS IN AFGHANISTAN ALONE COLLECTIVELY AVERAGE MORE THAN 25,000 VISITS MONTHLY AND THE TWO LOCATIONS IN THE UNITED ARAB EMIRATES COLLECTIVELY AVERAGE MORE THAN 25,000 VISITS MONTHLY.

THE USO PARTNERS WITH ITS AFFILIATE, USO OF METROPOLITAN WASHINGTON-BALTIMORE, TO OPERATE TWO USO WARRIOR AND FAMILY CENTERS ADJACENT TO MAJOR MILITARY HOSPITALS IN BETHESDA, MD, AND FORT BELVOIR, VA TO SUPPORT WOUNDED, ILL, AND INJURED SERVICE MEMBERS, THEIR FAMILY MEMBERS, CAREGIVERS, AND HOSPITAL STAFF AT EACH INSTALLATION. THESE FACILITIES PROVIDE A RELAXING, HOME-LIKE ATMOSPHERE FOR RESPITE AND PARTICIPATION IN RECREATIONAL PROGRAMS, INCLUDING ART THERAPY ROOMS, HEALING GARDENS, SPORTS LOUNGES, MUSIC ROOMS, CLASSROOM TRAINING FACILITIES, AND KITCHENS.

IN 2015, THE USO OPENED SEVERAL NEW LOCATIONS, INCLUDING IN: ABU DHABI, DJIBOUTI, HOUSTON MILITARY ENTRANCE PROCESSING STATION ('MEPS'), SAN ANTONIO MEPS, NASHVILLE MEPS, EL PASO MEPS, CAMP AACHEN IN GERMANY, AND SPANGDAHLEM AIR BASE IN GERMANY.

USO ALSO OFFERS SERVICE MEMBERS THE SAME KINDS OF SUPPORT THAT THE USO PROVIDES IN AN AIRPORT OR INSTALLATION LOCATION THROUGH ITS MOBILE VEHICLE UNITS. THESE LARGE MOBILE USO CENTERS TRAVEL TO EVENTS, MILITARY EXERCISES, AND EMERGENCY SITUATIONS TO DELIVER USO SERVICES TO AREAS

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WITHOUT A BRICK AND MORTAR USO CENTER. EACH MOBILE USO FEATURES LARGE SCREEN TELEVISIONS, MOVIES, VIDEO GAME CONSOLES, CASUAL SEATING, CLIMATE CONTROL, REFRIGERATORS, COFFEE MAKERS, MICROWAVES, WI-FI ACCESS, AND LAPTOPS TO KEEP SERVICE MEMBERS CONNECTED TO LOVED ONES BACK HOME.

THE USO HAS RECENTLY INCREASED ITS PROGRAMS AND SERVICES FOR SERVICE MEMBERS IN THE PROCESS OF TRANSITIONING OUT OF THE MILITARY AND BACK INTO THE CIVILIAN COMMUNITY. USO OPENED ITS FIRST THREE USO TRANSITION SITES IN 2015, WHICH OFFER A 'CONCIERGE' APPROACH TO CONNECT SERVICE MEMBERS AND THEIR FAMILIES WITH THE SPECIFIC RESOURCES AND ORGANIZATIONS WITHIN THEIR COMMUNITIES THAT WILL SUPPORT THEM DURING THEIR REINTEGRATION BACK INTO CIVILIAN LIFE AFTER THEIR MILITARY SERVICE ENDS.

FORM 990, PART III, LINE 4B - ENTERTAINMENT TOURS

USO ENTERTAINMENT TOURS FEATURE CELEBRITIES, PERFORMERS AND ENGAGING SHOWS TO KEEP OUR MILITARY MEN AND WOMEN CONNECTED TO FAMILY, HOME AND COUNTRY. IN 2015, THE USO DEPLOYED 102 CELEBRITY ENTERTAINERS, WHO GRACIOUSLY DONATED MILLIONS OF DOLLARS' WORTH OF THEIR PROFESSIONAL SERVICES AND THEIR TIME TO PARTICIPATE IN 54 TOURS TO 24 COUNTRIES AND 22 STATES, ENTERTAINING MORE THAN 145,000 SERVICE MEMBERS AND MILITARY FAMILY MEMBERS. FOURTEEN OF THESE TOURS WERE TO COMBAT ZONES. IN ADDITION, THE SESAME STREET/USO EXPERIENCE FOR MILITARY FAMILIES PERFORMED 97 SHOWS AT 46 MILITARY INSTALLATIONS IN NINE COUNTRIES DURING 2015.

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FORM 990, PART III, LINE 4C - WARRIOR AND FAMILY PROGRAMMING

USO'S WARRIOR AND FAMILY CARE PROGRAMS PROVIDE SUPPORT AND COMFORT TO SERVICE MEMBERS AND THEIR FAMILIES, WHETHER THEY ARE DEPLOYED, TRANSITIONING FROM THEIR SERVICE, WOUNDED, ILL OR INJURED, OR HAVE MADE THE ULTIMATE SACRIFICE FOR OUR COUNTRY.

ACTIVE DUTY, NATIONAL GUARD AND RESERVE

THE USO DISTRIBUTED 71 BUNDLES OF ELECTRONIC GAMING, SPORTS/MUSICAL EQUIPMENT, AND PERSONAL CARE ITEMS AND 50 MOBILE ENTERTAINMENT GAMING SYSTEMS ('MEGS') TO DEPLOYED SERVICE MEMBERS IN REMOTE LOCATIONS IN 2015. IN ADDITION, THE USO PROVIDED A PRIVATE PHONE NETWORK THAT ALLOWED SERVICE MEMBERS TO MAKE FREE CALLS HOME, COMPUTERS WITH HIGH-SPEED INTERNET BANDWIDTH, FREE INTERNET ACCESS FOR SERVICE MEMBERS' OWN COMPUTERS AND FREE INTERNATIONAL PREPAID CALLING CARDS TO MORE THAN 230 U.S. MILITARY LOCATIONS AROUND THE GLOBE TO ALLOW SERVICE MEMBERS TO CONNECT WITH THEIR FAMILIES. IN SOUTHWEST ASIA ALONE, MORE THAN 7.4 MILLION MINUTES WERE LOGGED IN FREE TALK TIME BY OUR SERVICE MEN AND WOMEN DURING 2015. THE USO HAS CONTINUED TO OFFER SEASONAL HOLIDAY CARE PACKAGES, WHICH INCLUDE DECORATIONS, SNACKS, DVDS AND GAMES TO HELP SERVICE MEMBERS STATIONED IN REMOTE CORNERS OF THE WORLD CELEBRATE AMERICAN HOLIDAYS AND CONNECT TO HOME. IN 2015, THE USO DELIVERED OVER 200 THEMED BOXES TO OVER 18,000 SERVICE MEMBERS WHO WERE CELEBRATING THE HOLIDAYS FAR FROM HOME.

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## MILITARY FAMILIES

THROUGH A PARTNERSHIP WITH THE WHAT TO EXPECT FOUNDATION, THE USO HOSTED 14 BABY SHOWERS FOR MILITARY MOMS-TO-BE AROUND THE GLOBE IN 2015. THE USO ALSO CONNECTS MILITARY PARENTS WITH THEIR CHILDREN BACK HOME BY HOSTING A NATIONALLY RECOGNIZED READING PROGRAM AT SELECT USO CENTERS WORLDWIDE THAT ALLOWS SERVICE MEMBERS TO RECORD THEMSELVES READING A STORY ALOUD TO THEIR CHILD, WHICH THE USO THEN MAILS BACK HOME. DURING 2015, THE USO HELPED PROVIDE MORE THAN 14,000 OF THESE RECORDINGS TO CHILDREN OF OUR SERVICE MEN AND WOMEN.

## TRANSITIONING SERVICE MEMBERS AND MILITARY FAMILIES

IN 2015, THE USO LAUNCHED THE USO TRANSITION 360 ALLIANCE, AN INITIATIVE TO HELP MILITARY PERSONNEL AND THEIR FAMILIES SUCCESSFULLY TRANSITION BACK TO CIVILIAN LIFE AFTER THEIR SERVICE ENDS. THIS INITIATIVE IS COMPRISED OF THE FOLLOWING PROGRAMS, IN ADDITION TO THE TRANSITION FACILITIES DESCRIBED UNDER PART III, LINE 4A ('CENTER OPERATIONS'):

## EMPLOYMENT EVENTS

THE USO, IN COLLABORATION WITH HIRE HEROES USA, HOSTS CAREER TRANSITION WORKSHOPS AND CAREER OPPORTUNITY DAYS FOR ACTIVE-DUTY, WOUNDED, ILL AND INJURED SERVICE MEMBERS, THEIR SPOUSES AND CAREGIVERS. THE TRANSITION WORKSHOPS FOCUS ON RESUME WRITING, MOCK INTERVIEWS, PROFESSIONAL WORK

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PRACTICES AND TRANSLATING PRIOR MILITARY EXPERIENCE INTO A CIVILIAN CAREER. THE CAREER OPPORTUNITY DAYS ARE EVENTS THAT CONNECT SERVICE MEMBERS WITH POTENTIAL EMPLOYERS BASED ON INTEREST AND BACKGROUND. DURING 2015, THE USO HOSTED 11 CAREER OPPORTUNITY DAYS AND 81 TRANSITION WORKSHOPS WHICH, WHEN COMBINED WITH VIRTUAL CAREER COACHING, PROVIDED SUPPORT TO NEARLY 4,500 SERVICE MEMBERS.

#### MILITARY COUPLES SEMINARS AND EVENTS

THE USO, IN COLLABORATION WITH STRONGER FAMILIES, OFFERS SEMINARS AND SIMILAR EVENTS TO HELP COUPLES LEARN TO IMPROVE THEIR COMMUNICATION, BETTER UNDERSTAND EACH OTHER'S NEEDS, RESOLVE CONFLICT, REKINDLE ROMANCE AND FIND RENEWED HOPE. IN 2015, OVER 1,800 MILITARY ATTENDEES BENEFITTED FROM THESE EVENTS THROUGH 53 COUPLES SEMINARS AND 34 EVENTS FOR SERVICE MEMBERS AND THEIR SPOUSES.

#### MILITARY CHILDREN SUPPORT

THE USO, IN COLLABORATION WITH THE COMFORT CREW FOR MILITARY KIDS, HOSTS A TOUR FEATURING A MOTIVATIONAL SPEAKER TO PROMOTE SELF-CONFIDENCE AND RESILIENCY IN MILITARY CHILDREN AGES 6 TO 15 YEARS OLD. THE TOUR ADDRESSES ISSUES SUCH AS HOW TO: TACKLE BULLYING IN SCHOOLS, ADJUST TO LIFE DURING AND POST-DEPLOYMENT, AND COPE WHEN A PARENT MAKES THE ULTIMATE SACRIFICE. DURING 2015, THE USO HOSTED MORE THAN 143 PRESENTATIONS OF THIS TOUR, ENGAGING WITH NEARLY 23,000 MILITARY KIDS.

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WOUNDED, ILL AND INJURED SERVICE MEMBERS, THEIR FAMILIES AND CAREGIVERS

THE USO HOSTS SEMINARS TO PROVIDE CAREGIVERS - HUSBANDS, WIVES, PARENTS, HOSPITAL STAFF AND OTHER FAMILY MEMBERS SUPPORTING WOUNDED, ILL AND INJURED SERVICE MEMBERS - WITH PRACTICAL ADVICE AND VALUABLE INFORMATION ABOUT AVAILABLE RESOURCES AND SUPPORT SYSTEMS. THESE SESSIONS ADDRESS SUCH TOPICS AS POST-TRAUMATIC STRESS DISORDER, CAREGIVER BOUNDARIES AND INTIMACY, COMPASSION FATIGUE, PARENTING, CHILDHOOD GRIEF AND CAREGIVER RESILIENCY. IN 2015, FOUR SEMINARS WERE HELD, SUPPORTING HUNDREDS OF CAREGIVERS AND PROVIDING A FORUM FOR THEM TO SPEAK CANDIDLY ABOUT THE ISSUES THEY FACE, WHILE ALSO SEEKING ADVICE FROM SUBJECT-MATTER EXPERTS AND FELLOW CAREGIVERS.

THE USO ALSO HOLDS ACTIVITIES THROUGHOUT THE YEAR FOR WOUNDED, ILL AND INJURED TROOPS AND THEIR FAMILIES, INCLUDING AN ANNUAL COMPETITIVE SPORTS EVENT FOR WOUNDED, ILL AND INJURED ATHLETES FROM EACH BRANCH OF THE MILITARY, CYCLING ACTIVITIES WITH EQUIPMENT THAT IS ADAPTED TO ACCOMMODATE DIFFERENT INJURIES, AND OTHER ATHLETIC CAMPS AND RETREATS TO SUPPORT SERVICE MEMBERS TO HEAL AND/OR DEVELOP NEW LEADERSHIP SKILLS.

FAMILIES OF THE FALLEN

THE USO HAS SUPPORTED EVERY DIGNIFIED TRANSFER AT DOVER AIR FORCE BASE SINCE MARCH 1991, INCLUDING OVER 90 DIGNIFIED TRANSFERS IN 2015. THE USO IS LOCATED IN THE HEART OF DOVER AIR FORCE BASE TO SUPPORT FAMILIES OF

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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THE FALLEN, AS WELL AS THOSE SERVICE MEMBERS ASSIGNED TO THE AIR FORCE MORTUARY AFFAIRS COMPLEX. ADDITIONALLY, AS FAMILY NOTIFICATIONS OCCUR AT ALL TIMES OF THE DAY AND NIGHT, THE USO WORKS 24/7 TO COORDINATE AMONG USO LOCATIONS ACROSS THE COUNTRY. THE USO IS THERE TO SUPPORT AND COMFORT FAMILIES WHO HAVE JUST RECEIVED TRAGIC NEWS AS THEY TRAVEL TO AND FROM DOVER AIR FORCE BASE. IN 2015, THE USO SUPPORTED OVER 400 FAMILY MEMBERS TRAVELING TO AND FROM DOVER.

THE USO ALSO SUPPORTS THE FAMILIES OF THOSE WHO HAVE MADE THE ULTIMATE SACRIFICE THROUGH OUR PARTNERSHIP WITH TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS ('TAPS'). IN 2015, THE USO SUPPORTED OVER 2,700 FAMILY MEMBERS ATTENDING 26 CAMPS AND SEMINARS TO CONNECT THEM WITH OTHERS COPING WITH SIMILAR LOSSES, HELPING THEM TO ESTABLISH A SUPPORT SYSTEM. THE USO AND TAPS ALSO PROVIDED OVER 2,000 SURVIVOR RESOURCE KITS TO NEWLY BEREAVED FAMILY MEMBERS. FILLED WITH COMFORT ITEMS, BOOKS OF SUPPORT, PERSONAL NOTES AND INFORMATION, THESE KITS PROVIDE A WARM EMBRACE IN THE FORM OF A CAREFULLY CRAFTED PACKAGE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE ACTIVITIES

DESCRIPTION	GRANTS	EXPENSES
PROVIDE AWARENESS AND OUTREACH PROGRAMS		\$17,530,938
USO FOUNDATION	\$ 12,205,864	12,205,864

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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TOTAL \$ 12,205,864 \$29,736,802

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MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

THE MEMBERSHIP OF THE UNITED SERVICE ORGANIZATIONS, INC. SHALL CONSIST OF TWO CLASSES OF MEMBERS:

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

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 7A

AT THE ANNUAL MEETING, THE VOTING MEMBERS SHALL ELECT MEMBERS OF THE BOARD OF GOVERNORS AND TAKE SUCH OTHER ACTION AS MAY BE APPROPRIATELY SUBMITTED TO THEM BY THE BOARD OF GOVERNORS. ELECTION OF THE BOARD OF

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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GOVERNORS, OR ACTION ON ANY OTHER MATTERS, SHALL BE BY THE AFFIRMATIVE VOTE OF THE MAJORITY OF VOTING MEMBERS PRESENT IN PERSON OR BY PROXY AND ENTITLED TO VOTE AT THE MEETING, PROVIDED THOSE PRESENT IN PERSON OR BY PROXY CONSTITUTE A QUORUM. ADDITIONALLY, UP TO SIX PERSONS APPOINTED BY THE PRESIDENT OF THE UNITED STATES, THIER TERM BEING CONTERMINOUS WITH SUCH PRESIDENT'S INCUMBENCY, MAY SERVE ON THE BOARD OF GOVERNORS.

PROCESS OF REVIEWING FORM 990

FORM 990, PART VI, LINE 11B

A COPY OF THE DRAFT 990 WAS PROVIDED TO ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES PRIOR TO ITS FILING WITH THE IRS. THE PROCESS WAS CONDUCTED IN MAY 2016. 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.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRES UNITED SERVICE ORGANIZATIONS, INC.'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 UNITED SERVICE ORGANIZATIONS, INC. 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

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

PROCESS FOR DETERMINING COMPENSATION  
FORM 990, PART VI, LINE 15A AND 15B

THE COMPENSATION IS ESTABLISHED BY THE UNITED SERVICE ORGANIZATIONS, INC. BOARD OF GOVERNORS AFTER AN INDEPENDENT, OUTSIDE REVIEW OF INDUSTRY SURVEYS, COMPENSATION STUDIES AND OTHER DATA TO ENSURE THAT EXECUTIVE COMPENSATION IS WITHIN THE RANGE OF THAT PAID TO COMPARABLE EXECUTIVES OF COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES AND THEREFORE REASONABLE. THESE REVIEWS ARE PERFORMED ON A BIENNIAL BASIS BY AN INDEPENDENT OUTSIDE CONSULTANT FOR THE FOLLOWING POSITIONS: CEO, CFO, CDO, SVP OPERATIONS, ENTERTAINMENT AND PROGRAMS, SVP BRAND ADVANCEMENT, SVP HR, CHIEF OF STAFF, AND SVP EXECUTIVE OFFICE. THE LAST REVIEW WAS PERFORMED IN 2014 FOR ALL POSITIONS LISTED AND ALL POSITIONS' COMPENSATION WAS FOUND TO BE WITHIN THE RANGE FOR COMPARABLE EXECUTIVES AT COMPARABLE ORGANIZATIONS.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC  
FORM 990, PART VI, LINE 19

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE UNITED SERVICE ORGANIZATIONS, INC. WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST.

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ITALY

JAPAN

UNITED ARAB EMIRATES

KOREA, REPUBLIC OF (SOUTH)

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

CO, CT,

GU, HI, IL, MA, MI,

MN, NV, NJ, NM, OH, PA,

SC, TN, VA, WA,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
POLARIS DIRECT 300 TECHNOLOGY DRIVE HOOKEST, NH 03106	PRINTING	2,203,489.
WORTH LINEN ASSOCIATES, INC. 535 FIFT AVENUE, 31ST FLOOR NEW YORK, NY 10017	DM FUNDRAISER	4,075,670.
VEE CORPORATION 800 LA SALLE AVENUE, SUITE 1750 MINNEAPOLIS, MN 55402	TOUR PRODUCTION	1,175,763.
COMMUNICATIONS CORPORATION OF AMERICA 13195 FREEDOM WAY BOSTON, VA 22713	DM PRODUCTION	1,901,091.
INTERNATIONAL DATA MANAGEMENT 490 WHITE POND DRIVE AKRON, OH 44320	DATA MANAGEMENT	1,565,591.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 6 columns: (a) Name, address, and EIN (if applicable) 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. Rows 1-6 are empty.

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.

Table with 8 columns: (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? (Yes/No). Row 1 contains data for USO FOUNDATION.

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

Schedule R (Form 990) 2015

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USO FOUNDATION	B	12,205,864.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		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).

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