

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2018**Open to Public  
Inspection**A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization

UNITED SERVICE ORGANIZATIONS, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

2111 WILSON BLVD

Room/suite

#1200

City or town, state or province, country, and ZIP or foreign postal code

ARLINGTON, VA 22201

**F** Name and address of principal officer:

J.D. CROUCH, II

SAME AS C ABOVE

**D** Employer identification number

13-1610451

**E** Telephone number

(703) 908-6400

**G** Gross receipts \$ 188,101,902.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶ 1291**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HTTP://WWW.USO.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1941 **M** State of legal domicile: DC**Part I Summary**

Activities & Governance	<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>	23.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	22.
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	643.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	15,147.
	Revenue	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	186,140.
<b>8</b>		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
<b>9</b>		Program service revenue (Part VIII, line 2g)	133,062,962.	133,721,609.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,958,243.	1,238,388.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	388,172.	658,458.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-334,112.	-62,657.
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	135,075,265.	135,555,798.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	7,111,358.	4,828,275.
Expenses		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	44,251,561.	48,684,276.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,984,825.	2,377,293.	2,120,231.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,347,662.	73,927,006.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	125,087,874.	129,559,788.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	9,987,391.	5,996,010.
	Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year
<b>21</b>		Total liabilities (Part X, line 26)	102,968,626.	108,393,714.
<b>22</b>		Net assets or fund balances. Subtract line 21 from line 20.	16,968,302.	16,155,582.

COPY FOR  
PUBLIC INSPECTION**Part II Signature Block**

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

Sign  
Here

Signature of officer

Date

Philip Parisi, Chief Financial Officer

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

MARY TORRETTA

Preparer's signature

Mary O. Torretta

Date

8/12/2019

Check ☐ if  
self-employed

PTIN

P00847851

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶ 36-6055558

Firm's address ▶ 1000 WILSON BLVD, SUITE 1400 ARLINGTON, VA 22209

Phone no. 703-847-7500

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ No

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

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

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

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

**4a** (Code: ) (Expenses \$ 52,894,789. including grants of \$ 3,043,385. ) (Revenue \$ 1,238,388. )  
USO CENTERS - SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 17,302,238. including grants of \$ 0. ) (Revenue \$ 0. )  
PUBLIC AWARENESS AND OUTREACH - SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 8,889,852. including grants of \$ 933,232. ) (Revenue \$ 0. )  
EXPEDITIONARY AND MILITARY FAMILY PROGRAMS - SEE SCHEDULE O.

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

(Expenses \$ 11,205,929. including grants of \$ 851,658. ) (Revenue \$ 0. )

**4e** Total program service expenses ► 90,292,808.

**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)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> 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? If "Yes," complete Schedule C, Part I. . . . .	<b>3</b>	X
<b>4</b> <b>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? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b> 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? If "Yes," complete Schedule C, Part III. . . . .	<b>5</b>	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? If "Yes," complete Schedule D, Part I. . . . .	<b>6</b>	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? If "Yes," complete Schedule D, Part II. . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .	<b>8</b>	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? If "Yes," complete Schedule D, Part IV. . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . .	<b>10</b> 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? If "Yes," complete Schedule D, Part VI. . . . .	<b>11a</b> 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? If "Yes," complete Schedule D, Part VII. . . . .	<b>11b</b>	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? If "Yes," complete Schedule D, Part VIII. . . . .	<b>11c</b>	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? If "Yes," complete Schedule D, Part IX. . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .	<b>11e</b>	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)? If "Yes," complete Schedule D, Part X. . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> 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? If "Yes," complete Schedule F, Parts I and IV. . . . .	<b>14b</b> 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? If "Yes," complete Schedule F, Parts II and IV. . . . .	<b>15</b>	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? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b>	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? If "Yes," complete Schedule G, Part I (see instructions). . . . .	<b>17</b> 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? If "Yes," complete Schedule G, Part II. . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<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? If "Yes," complete Schedule I, Parts I and II. . . . .	<b>21</b> X	

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

	Yes	No
<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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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>24d</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>25b</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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</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>28c</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>35b</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**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . <b>1a</b> 279		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1b</b> 0.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b> X	X	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 643		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<b>4a</b> X	
<b>b</b> If "Yes," enter the name of the foreign country: <b>ATTACHMENT 1</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	<b>7h</b>	X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 23		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 22		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	X	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**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 #1200 ARLINGTON, VA 22201 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 ☐**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				653,465.	0.	41,711.
(2) GEN. GEORGE CASEY DIRECTOR	2.00 0.	X						0.	0.	0.
(3) JED BECKER DIRECTOR	2.00 2.00	X						0.	0.	0.
(4) COURTNEY BILLINGTON DIRECTOR	1.00 0.	X						0.	0.	0.
(5) ORLAN BOSTON DIRECTOR	1.00 0.	X						0.	0.	0.
(6) WES BUSH DIRECTOR	1.00 0.	X						0.	0.	0.
(7) RAYMOND CALDIERO DIRECTOR - END FALL 2018	1.00 0.	X						0.	0.	0.
(8) LEANNE CARET DIRECTOR	1.00 0.	X						0.	0.	0.
(9) TOM R. DEL VALLE DIRECTOR	1.00 0.	X						0.	0.	0.
(10) DAWN HALFAKER DIRECTOR	2.00 0.	X						0.	0.	0.
(11) JAMES HAMILTON DIRECTOR	2.00 0.	X						0.	0.	0.
(12) MARILYN A. HEWSON DIRECTOR	1.00 0.	X						0.	0.	0.
(13) TINA W. JONAS DIRECTOR	1.00 0.	X						0.	0.	0.
(14) CARLTON W. KENT 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 ) STUART KRONAUGE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
( 16 ) ROBIN LINEBERGER ----- DIRECTOR	2.00 0.	X						0.	0.	0.
( 17 ) WILLIAM J. LYNN, III ----- DIRECTOR	2.00 1.00	X						0.	0.	0.
( 18 ) DAVID H. MCCORMICK ----- 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 ) EDWARD T. REILLY ----- DIRECTOR	2.00 1.00	X						0.	0.	0.
( 22 ) KARL-HEINZ STAHL ----- DIRECTOR	1.00 1.00	X						0.	0.	0.
( 23 ) JOHN SUTTLE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
( 24 ) SUE TIMKEN ----- DIRECTOR - END FALL 2018	1.00 0.	X						0.	0.	0.
( 25 ) GREGG WARD ----- DIRECTOR	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								653,465.	0.	41,711.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								3,423,884.	0.	355,139.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,077,349.	0.	396,850.

**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 ► 81

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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 ► 43



**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 ) THOMAS E. VICE DIRECTOR - END FEB. 2018	1.00 0.	X						0.	0.	0.
( 27 ) PHILIP PARISI TREASURER/ CFO	48.00 2.00			X				343,937.	0.	42,474.
( 28 ) TAMMY HEISER SECRETARY/SVP, HUMAN RESOURCES	50.00 0.			X				293,575.	0.	42,835.
( 29 ) LISA ANASTASI CDMO	50.00 0.				X			356,601.	0.	35,483.
( 30 ) ALAN REYES COO	50.00 0.				X			328,907.	0.	49,000.
( 31 ) VIRGINIA JOHNSON SVP, GOVT REL AND EXT AFFAIRS	50.00 0.				X			230,460.	0.	29,761.
( 32 ) PAUL ALLVIN SVP, BRAND ADVANCEMENT	50.00 0.				X			333,399.	0.	27,999.
( 33 ) LORIE HENNESSEY SVP, ENTERTAINMENT	50.00 0.				X			216,556.	0.	24,260.
( 34 ) ANNE SPRUTE SVP, TRANSITION SERVICES	50.00 0.				X			247,987.	0.	3,669.
( 35 ) BRUCE BURDA REGIONAL VP, OPERATIONS SWA	50.00 0.					X		227,819.	0.	18,288.
( 36 ) CHARLES HYDE REGIONAL VP, OPERATIONS PAC	50.00 0.					X		215,768.	0.	16,118.
<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 **81**

	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>	556,669.			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	677,592.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	19,180,632.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	113,306,716.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		6,056,534.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		133,721,609.			
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2a</b>		USO CENTER	900099	1,238,388.	1,238,388.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		1,238,388.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		935,663.			935,663.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<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			
			51,784,791.	48,404.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		52,081,250.	29,150.		
	<b>c</b>	Gain or (loss) . . . . .		-296,459.	19,254.		
	<b>d</b>	Net gain or (loss) . . . . .		-277,205.			-277,205.
	<b>8a</b>	Gross income from fundraising events (not including \$ 677,592. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	228,937.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	426,989.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		-198,052.			-198,052.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0.			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	12,319.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	8,715.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		3,604.			3,604.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	MISCELLANEOUS REVENUE	900099	131,791.			131,791.	
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		131,791.				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		135,555,798.	1,238,388.		595,801.	

**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 ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,828,275.	4,828,275.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,439,834.	1,882,960.	1,075,803.	481,071.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	36,254,636.	28,950,533.	3,802,735.	3,501,368.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,521,571.	1,956,239.	297,741.	267,591.
<b>9</b> Other employee benefits . . . . .	3,589,235.	2,850,567.	436,310.	302,358.
<b>10</b> Payroll taxes . . . . .	2,879,000.	2,335,148.	283,905.	259,947.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	699,877.	269,255.	214,168.	216,454.
<b>c</b> Accounting . . . . .	166,176.		166,176.	
<b>d</b> Lobbying . . . . .	180,000.	180,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	2,120,231.			2,120,231.
<b>f</b> Investment management fees . . . . .	24,855.		24,855.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	3,489,749.	2,440,523.	688,825.	360,401.
<b>12</b> Advertising and promotion . . . . .	4,217,934.	2,230,889.	248.	1,986,797.
<b>13</b> Office expenses . . . . .	12,436,699.	6,631,283.	1,998,119.	3,807,297.
<b>14</b> Information technology . . . . .	4,063,831.	3,431,639.	477,047.	155,145.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,395,284.	667,663.	393,749.	333,872.
<b>17</b> Travel . . . . .	3,890,482.	3,351,088.	196,460.	342,934.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	519,305.	312,887.	68,997.	137,421.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,821,598.	2,600,496.	120,027.	101,075.
<b>23</b> Insurance . . . . .	380,031.	283,494.	50,735.	45,802.
<b>24</b> 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.)				
<b>a</b> PRINTING AND PRODUCTION . . . . .	19,809,052.	6,680,059.	2,558,386.	10,570,607.
<b>b</b> PROGRAM SUPPLIES / SUPPORT . . . . .	17,675,189.	17,675,189.		
<b>c</b> RENTAL AND MAINTENANCE . . . . .	444,754.	409,437.	30,320.	4,997.
<b>d</b> SUBSCRIPTION, DUES, TRAINING . . . . .	500,421.	197,182.	222,441.	80,798.
<b>e</b> All other expenses . . . . .	1,211,769.	128,002.	175,108.	908,659.
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	129,559,788.	90,292,808.	13,282,155.	25,984,825.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) . . . . .	31,055,800.	11,017,859.	4,520,211.	15,517,730.

**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 . . . . .	6,879,390.	<b>1</b>	4,978,541.
	<b>2</b> Savings and temporary cash investments . . . . .	18,025,212.	<b>2</b>	11,271,115.
	<b>3</b> Pledges and grants receivable, net . . . . .	24,494,162.	<b>3</b>	32,455,529.
	<b>4</b> Accounts receivable, net . . . . .	403,806.	<b>4</b>	387,481.
	<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 . . . . .	3,498,909.	<b>8</b>	2,885,055.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,604,505.	<b>9</b>	3,604,628.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 32,709,422.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 20,732,272.		
	<b>11</b> Investments - publicly traded securities . . . . .	11,962,732.	<b>10c</b>	11,977,150.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	35,099,910.	<b>11</b>	40,834,215.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>14</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	0.	<b>15</b>	0.	
<b>17</b> Accounts payable and accrued expenses . . . . .	102,968,626.	<b>16</b>	108,393,714.	
<b>18</b> Grants payable . . . . .	15,935,592.	<b>17</b>	14,661,385.	
<b>19</b> Deferred revenue . . . . .	1,015,567.	<b>18</b>	1,446,833.	
<b>20</b> Tax-exempt bond liabilities . . . . .	17,143.	<b>19</b>	47,364.	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>20</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>21</b>	0.	
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>22</b>	0.	
<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>23</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>24</b>	0.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0.	<b>25</b>	0.	
<b>27</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>	16,968,302.	<b>26</b>	16,155,582.	
<b>28</b> Unrestricted net assets . . . . .				
<b>29</b> Temporarily restricted net assets . . . . .				
<b>30</b> Permanently restricted net assets . . . . .				
<b>31</b> <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>32</b> Capital stock or trust principal, or current funds . . . . .	65,276,046.	<b>27</b>	70,169,927.	
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	20,049,278.	<b>28</b>	21,393,205.	
<b>34</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	675,000.	<b>29</b>	675,000.	
<b>35</b> <b>Total net assets or fund balances</b> . . . . .		<b>30</b>		
<b>36</b> Total liabilities and net assets/fund balances . . . . .		<b>31</b>		
		<b>32</b>		
	86,000,324.	<b>33</b>	92,238,132.	
	102,968,626.	<b>34</b>	108,393,714.	

Form **990** (2018)

**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>	135,555,798.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	129,559,788.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	5,996,010.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	86,000,324.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-39,214.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	281,012.
<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>	92,238,132.

**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	

Form **990** (2018)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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) 2018



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	125,940,710.	121,592,891.	136,961,382.	133,062,962.	133,721,609.	651,279,554.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	125,940,710.	121,592,891.	136,961,382.	133,062,962.	133,721,609.	651,279,554.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						651,279,554.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	125,940,710.	121,592,891.	136,961,382.	133,062,962.	133,721,609.	651,279,554.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	349,659.	676,821.	548,575.	693,051.	935,663.	3,203,769.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	2,887.			1,893.		4,780.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	-614,216.	-609,597.	-654,945.	752,431.	373,047.	-753,280.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						653,734,823.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	16,209,606.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	99.62 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.89 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☐

**b 33 1/3% support tests - 2017.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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 <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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

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

**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 <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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? If "Yes," then in <b>Part VI</b> 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.			
<b>b</b> 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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2018 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b>	Distributable amount for 2018 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2018			
<b>a</b>	From 2013 . . . . .			
<b>b</b>	From 2014 . . . . .			
<b>c</b>	From 2015 . . . . .			
<b>d</b>	From 2016 . . . . .			
<b>e</b>	From 2017 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2018 distributable amount			
<b>i</b>	Carryover from 2013 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2018 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2018 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2014 . . . .			
<b>b</b>	Excess from 2015 . . . .			
<b>c</b>	Excess from 2016 . . . .			
<b>d</b>	Excess from 2017 . . . .			
<b>e</b>	Excess from 2018 . . . .			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISC INCOME	79,934.	100,973.	222,941.	109,429.	131,791.	645,068.
FUNDRAISING & GAMING EVENTS	-694,150.	-710,570.	-877,886.	622,321.	228,937.	-1,431,348.
GROSS SALES OF INVENTORY				20,681.	12,319.	33,000.
TOTALS	<u>-614,216.</u>	<u>-609,597.</u>	<u>-654,945.</u>	<u>752,431.</u>	<u>373,047.</u>	<u>-753,280.</u>



**Schedule of Contributors**

OMB No. 1545-0047

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNITED SERVICE ORGANIZATIONS, INC.**Employer identification number  
**13-1610451****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		\$ 19,180,632.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,000,000.	Person <input checked="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.)

Employer identification number

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

[illegible]

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**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 <b>UNITED SERVICE ORGANIZATIONS, INC.</b>	Employer identification number <b>13-1610451</b>
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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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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) 2018

**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) . . . . .		190,940.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		190,940.													
<b>d</b> Other exempt purpose expenditures . . . . .		90,101,868.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		90,292,808.													
<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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.	205,697.	190,940.	756,637.
<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					

Schedule C (Form 990 or 990-EZ) 2018

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? . . . . .			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
<b>c</b> Media advertisements? . . . . .			
<b>d</b> Mailings to members, legislators, or the public? . . . . .			
<b>e</b> Publications, or published or broadcast statements? . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
<b>i</b> Other activities? . . . . .			
<b>j</b> Total. Add lines 1c through 1i . . . . .			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	

**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 SERVICE MEMBERS.



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

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under 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.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	▶ \$
(ii) Assets included in Form 990, Part X. . . . .	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on 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) 2018

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

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

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

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
<b>c</b> Beginning balance . . . . .	<b>1c</b>
<b>d</b> Additions during the year . . . . .	<b>1d</b>
<b>e</b> Distributions during the year . . . . .	<b>1e</b>
<b>f</b> Ending balance . . . . .	<b>1f</b>

**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
<b>1a</b> Beginning of year balance . . . . .	398,345.	276,030.	25,000.	12,317,654.	11,929,976.
<b>b</b> Contributions . . . . .	100,000.	100,000.	250,000.		
<b>c</b> Net investment earnings, gains, and losses . . . . .	-10,934.	22,315.	1,030.	-86,790.	416,565.
<b>d</b> Grants or scholarships . . . . .				12,205,864.	
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	124.				28,887.
<b>g</b> End of year balance . . . . .	487,287.	398,345.	276,030.	25,000.	12,317,654.

**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 ▶ 97.4800 %

**c** Temporarily restricted endowment ▶ 2.5200 %

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:

(i) unrelated organizations . . . . . **3a(i)**

Yes	No
	X

(ii) related organizations . . . . . **3a(ii)**

Yes	No
X	

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

Yes	No
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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		16,739,733.	10,123,167.	6,616,566.
<b>d</b> Equipment . . . . .		5,140,803.	3,828,210.	1,312,593.
<b>e</b> Other . . . . .		10,828,886.	6,780,895.	4,047,991.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				11,977,150.

**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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII Supplemental Information** *(continued)*

## INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE USO'S ENDOWMENTS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE USO MUST HOLD IN PERPETUITY AS DIRECTED BY DONORS. THE USO HAS ADOPTED INVESTMENT AND SPENDING POLICIES DESIGNED TO PROVIDE A STREAM OF RETURNS TO BE UTILIZED TO FUND VARIOUS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

## INCOME TAXES

SCHEDULE D, PART X, LINE 2

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, 2018, 2017, 2016 AND 2015 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	16.	63.	PROGRAM SERVICES	OP. OF USO CENTER	6,708,856.
<b>(2)</b> EUROPE	19.	82.	PROGRAM SERVICES	OP. OF USO CENTER	6,780,621.
<b>(3)</b> MIDDLE EAST AND NORTH AFRICA	8.	41.	PROGRAM SERVICES	OP. OF USO CENTER	6,619,952.
<b>(4)</b> SOUTH ASIA	4.	14.	PROGRAM SERVICES	OP. OF USO CENTER	2,052,124.
<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> Subtotal . . . . .	47.	200.			22,161,553.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	47.	200.			22,161,553.

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

Schedule F (Form 990) 2018



**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 noncash assistance	(h) Description of noncash 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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2018

**Part V Supplemental Information**

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).

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.

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 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						

**Total** ..... ▶ 58,420,286. 2,382,749. 56,306,434.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" 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 GOLF TOURNAMENT (event type)	(b) Event #2 FORT HOOD GALA (event type)	(c) Other events 18. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	166,289.	137,103.	603,137.	906,529.
	2 Less: Contributions . . . . .	149,489.	114,303.	413,800.	677,592.
	3 Gross income (line 1 minus line 2) . . . . .	16,800.	22,800.	189,337.	228,937.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	18,236.		34,751.	52,987.
	7 Food and beverages . . . . .		31,233.	116,609.	147,842.
	8 Entertainment . . . . .	3,896.	15,000.	23,039.	41,935.
	9 Other direct expenses . . . . .	9,976.	225.	174,024.	184,225.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				426,989.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-198,052.

**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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>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).

## 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			
PLUS MEDIA, LLC  100 MILL PLAIN RD, 4TH FL DANBURY CT 06813	DR MAIL PROGRAM		X	2,386,902.	179,563.	2,207,339.
CDR FUNDRAISING GROUP  16900 SCIENCE DRIVE, STE 210 BOWIE MD 20715	DR MAIL PROGRAM		X	49,742,081.	844,878.	48,897,203.
ANNE LEWIS STRATEGIES,LLC  901 NEW YORK AVE NW, STE 470 E WASHINGTON DC 20001	DR ONLINE PROGRAM		X	3,372,763.	423,819.	2,948,944.
THOMPSON HABIB & DENISON, LLC 80 HAYDEN AVE LEXINGTON MA 02421	DR ONLINE PROGRAM		X	2,480,836.	433,000.	2,047,836.
MERKLE  P.O. BOX 64897 BALTIMORE MD 21264	DR ONLINE		X	437,704.	232,592.	205,112.



ALLSCOPE DIRECT	CONSULTING	X	33,000.
462 7TH AVE, 8TH FL			
NEW YORK			
NY 10018			
INFOCISION	TELEMARKET.	X	72,778.
325 SPRINGSIDE DR			
AKRON			
OH 44333			
STELTER COMPANY	CONSULTING	X	67,219.
10435 NEW YORK AVE.			
DES MOINES			
IA 50322			
SOCIAL CAPITAL	CONSULTING	X	60,500.
980 N. MICHIGAN AVE., STE 1610			
CHICAGO			
IL 60611			
WARFIELD AND WALSH	CONSULTING	X	35,400.
601 S. WASHINGTON ST			
ALEXANDRIA			
VA 22314			

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) STRONGER FAMILIES 12015 115TH AVE NE KIRKLAND, WA 98034	94-3080306	501(C)(3)	903,232.				PROGRAM SUPPORT
(2) MEMORIAL DAY FLOWERS FOUNDATION 781 BEACH ST #302 SAN FRANCISCO, CA 94109	46-2362633	501(C)(3)	10,000.				PROGRAM SUPPORT
(3) PROJECT HEALING WATERS FLY FISHING, INC. PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	20,000.				PROGRAM SUPPORT
(4) GIANT STEPS PO BOX 4855 PETALUMA, CA 94955	68-0404917	501(C)(3)	13,600.				PROGRAM SUPPORT
(5) U.S. CHAMBER OF COMMERCE FOUNDATION 1615 H STREET, NW WASHINGTON, DC 20062	53-0045720	501(C)(3)	350,000.				PROGRAM SUPPORT
(6) USO OF CENTRAL & SOUTHERN OHIO P.O. BOX 13176 COLUMBUS, OH 43213	31-4401239	501(C)(3)	15,399.				REVENUE SHARE
(7) USO GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)	56,136.				REVENUE SHARE
(8) BOB HOPE USO 203 WORLD WAY W, #200 LOS ANGELES, CA 90045	95-2302811	501(C)(3)	124,220.				REVENUE SHARE / EVENT SUPPORT
(9) USO OF HAMPTON ROADS & CENTRAL VIRGINIA P.O. BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)	72,399.				REVENUE SHARE
(10) USO ILLINOIS 330 S WABASH AVE, 16TH FL CHICAGO, IL 60604	36-2349617	501(C)(3)	244,655.				REVENUE SHARE
(11) USO INDIANA P.O. BOX 441160 INDIANAPOLIS, IN 46244	20-8349270	501(C)(3)	17,821.				REVENUE SHARE
(12) USO METROPOLITAN WASHINGTON- BALTIMORE 228 MCNAIR RD BLDG 405 FORT MYER, VA 22211	53-0204665	501(C)(3)	1,177,015.				REVENUE SHARE / CENTER 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) (2018)

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

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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 noncash assistance	(h) Purpose of grant or assistance
(1) USO METROPOLITAN NEW YORK 1601 BROADWAY 11TH FL NEW YORK, NY 10019	13-2500122	501(C)(3)	766,409.				REVENUE SHARE / EVENT PROGRAM SUPPORT
(2) GREATER JACKSONVILLE AREA USO PO BOX 108 BLDG 1050	59-1052424	501(C)(3)	43,020.				REVENUE SHARE
(3) USO NORTH CAROLINA P.O. BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)	152,195.				REVENUE SHARE / PROGRAM SUPPORT
(4) USO NORTHERN OHIO 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34-6006829	501(C)(3)	12,649.				REVENUE SHARE
(5) USO NORTHWEST SEA-TAC INT AIRPT 17801 SEATTLE, WA 98158	91-0573116	501(C)(3)	76,017.				REVENUE SHARE
(6) USO PENNSYLVANIA & SOUTH NJ PHILA INT AIRPORT D PHILADELPHIA, PA 19153	23-1426011	501(C)(3)	321,561.				REVENUE SHARE
(7) USO PIONEER VALLEY 100 WALKER AVE, BOX 33 CHICOPEE, MA 01022	04-3142143	501(C)(3)	20,975.				REVENUE SHARE
(8) BOB HOPE USO 203 WORLD WAY W #200 LOS ANGELES, CA 90045	95-2302811	501(C)(3)		89,879.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(9) USO OF CENTRAL & SOUTHERN OHIO P.O. BOX 13176 COLUMBUS, OH 43213	31-4401239	501(C)(3)		8,297.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(10) USO GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)		5,531.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(11) GREATER JACKSONVILLE AREA USO BOX 108 BLD 1050 NAS JACKSONVILLE, FL 32212	59-1052424	501(C)(3)		13,828.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(12) USO OF HAMPTON ROADS & CENTRAL VIRGINIA P.O. BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)		13,828.	FMV	CLOTHING/HOUSEHOLD	CENTER 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) (2018)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) USO ILLINOIS 330 S WABASH AVE 16TH FL CHICAGO, IL 60604	36-2349617	501(C)(3)		34,569.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(2) USO INDIANA P.O. BOX 441160 INDIANAPOLIS, IN 46244	20-8349270	501(C)(3)		6,914.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(3) USO METROPOLITAN WASHINGTON- BALTIMORE 228 MCNAIR RD BLDG 405 FORT MYER, VA 22211	53-0204665	501(C)(3)		13,828.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(4) USO METROPOLITAN NEW YORK 1601 BROADWAY, 11TH FL NEW YORK, NY 10019	13-2500122	501(C)(3)		13,828.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(5) USO MISSOURI 10701 LAMBERT INTL BLVD ST LOUIS, MO 63145	43-1237410	501(C)(3)		5,531.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(6) USO NORTH CAROLINA P.O. BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)		24,890.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(7) USO NORTHERN OHIO 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34-6006829	501(C)(3)		11,062.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(8) USO NORTHWEST SEA-TAC INTL AIRPRT 17801 SEATTLE, WA 98158	91-0573116	501(C)(3)		6,914.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(9) USO PENNSYLVANIA & SOUTH NJ PHILA INTL AIRPT D PHILADELPHIA, PA 19153	23-1426011	501(C)(3)		8,297.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(10) USO SAN DIEGO DOWNTOWN CTR, 303 A ST SAN DIEGO, CA 92101	95-1644030	501(C)(3)		34,569.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(11) USO SOUTH TEXAS P.O. BOX 7 CORPUS CHRISTI, TX 78403	74-1478872	501(C)(3)		5,531.	FMV	CLOTHING /HOUSEHOLD	CENTER SUPPORT
(12) USO PIONEER VALLEY 100 WALKER AVE, BOX 33 CHICOPEE, MA 01022	04-3142143	501(C)(3)		5,531.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 16.

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) (2018)

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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.** 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 U.S.

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 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
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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 (such as maid, chauffeur, chef)          |

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

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

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 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" on line 5a or 5b, describe in Part III.

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

- a The organization?
- 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	545,083.	106,600.	1,782.	24,750.	22,453.	700,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PHILIP PARISI TREASURER/ CFO	(i)	293,816.	48,000.	2,121.	19,382.	26,902.	390,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 TAMMY HEISER SECRETARY/SVP, HUMAN RESOURCES	(i)	245,671.	46,000.	1,904.	22,750.	23,718.	340,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LISA ANASTASI CDMO	(i)	304,831.	50,000.	1,770.	12,291.	29,102.	397,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ALAN REYES COO	(i)	278,786.	48,000.	2,121.	24,878.	27,897.	381,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 VIRGINIA JOHNSON SVP, GOVT REL AND EXT AFFAIRS	(i)	213,929.	15,000.	1,531.	19,883.	13,257.	263,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAUL ALLVIN SVP, BRAND ADVANCEMENT	(i)	211,506.	41,000.	80,893.	19,852.	11,190.	364,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LORIE HENNESSEY SVP, ENTERTAINMENT	(i)	177,656.	25,000.	13,900.	17,381.	8,339.	242,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ANNE SPRUTE SVP, TRANSITION SERVICES	(i)	16,625.	30,000.	201,362.	2,419.	1,383.	251,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 BRUCE BURDA REGIONAL VP, OPERATIONS SWA	(i)	161,463.	9,500.	56,856.	17,221.	2,852.	247,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 CHARLES HYDE REGIONAL VP, OPERATIONS PAC	(i)	170,277.	9,100.	36,391.	14,991.	3,017.	233,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ELI HERTZ VP, INFORMATION TECHNOLOGY	(i)	199,938.	12,750.	1,414.	19,426.	7,404.	240,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MICHAEL HOAR VP, CORPORATE ALLIANCES	(i)	186,600.	22,175.	452.	17,024.	10,365.	236,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 SARA LOTTIE REGIONAL VP, OPERATIONS SWA	(i)	126,673.	0.	78,873.	10,337.	8,269.	224,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2018

**Part III Supplemental Information**

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

HOUSING ALLOWANCES AND RESIDENCES FOR PERSONAL USE WERE PROVIDED TO THE

FOLLOWING INDIVIDUALS DUE TO THEIR ROLES AS REGIONAL OFFICE LEADERSHIP

FOR USO OPERATIONS IN SOUTHWEST ASIA AND THE PACIFIC:

BRUCE BURDA, REGIONAL VICE PRESIDENT SOUTHWEST ASIA (FORMER) - \$28,678

SARA LOTTIE, REGIONAL VICE PRESIDENT SOUTHWEST ASIA - \$54,477

CHARLES HYDE, REGIONAL VICE PRESIDENT PACIFIC - \$36,000

THESE ALLOWANCES WERE INCLUDED AS TAXABLE COMPENSATION ON EACH EMPLOYEE'S

2018 FORM W-2.

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



**Part III Supplemental Information**

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.

IRS REGULATIONS. COACH IS THE AUTHORIZED CLASS OF TRAVEL. UPGRADES ARE ALLOWABLE BY EMPLOYEES UNDER THE FOLLOWING CIRCUMSTANCES:

- 1) THE EMPLOYEE PAYS THE DIFFERENCE IN FARE THEMSELVES OR USES AIR MILES FROM THEIR PERSONAL ACCOUNT.
- 2) MEDICAL CONDITIONS REQUIRE BUSINESS CLASS TRAVEL.
- 3) SAFETY, SERVICE AND ENVIRONMENT ARE CLEARLY INFERIOR.
- 4) BUSINESS CLASS TRAVEL IS ALLOWABLE FOR INTERNATIONAL TRAVEL (TRAVEL OUTSIDE OF YOUR REGIONS) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6 HOURS.

SCHEDULE J, PART I, LINE 4A

SEVERANCE IN THE AMOUNT OF \$187,917 WAS PAID TO ANNE SPRUTE DUE TO HER DEPARTURE IN THE ROLE AS THE SENIOR VICE PRESIDENT OF TRANSITION SERVICES.

SEVERANCE IN THE AMOUNT OF \$64,797 WAS PAID TO PAUL ALLVIN DUE TO HIS DEPARTURE IN THE ROLE AS THE SENIOR VICE PRESIDENT OF BRAND ADVANCEMENT.

THESE SEVERANCE PAYMENTS ARE INCLUDED IN THESE INDIVIDUALS' OTHER

**Part III Supplemental Information**

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.

REPORTABLE COMPENSATION FIGURES REPORTED ON SCHEDULE J, PART II, COLUMN

B(III).

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

THE CEO AND CFO PARTICIPATE IN A 457(B) PLAN MADE AVAILABLE TO ELIGIBLE  
EMPLOYEES TO MAKE EMPLOYEE DEFERRALS. THE USO DOES NOT MAKE EMPLOYER  
CONTRIBUTIONS TO THIS PLAN.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

THE AMOUNTS SHOWN IN PART II, COLUMN B(II) FOR THE OFFICERS AND KEY  
EMPLOYEES WERE PAID BASED ON THE 2018 ACHIEVEMENT OF ORGANIZATIONAL GOALS  
AND INDIVIDUAL CONTRIBUTIONS AND ACCOMPLISHMENTS AND WERE REVIEWED BY THE  
EXECUTIVE COMMITTEE OF THE BOARD. THE HIGHLY COMPENSATED EMPLOYEES WERE  
PAID BASED ON THE 2018 ACHIEVEMENTS AND WRITTEN PERFORMANCE PLANS AND  
WERE APPROVED BY MANAGEMENT.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I**

**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$

**Part II**

**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ATTACHMENT 1												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$ 30,005.						

**Part III**

**Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2018

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

LOANS TO AND/OR FROM INTERESTED PERSONS

SCHEDULE L, PART II

AN EMPLOYEE RECEIVABLE EXISTS FOR SARA LOTTIE, REGIONAL VICE PRESIDENT,  
OPERATIONS SWA, DUE TO AN ADMINISTRATIVE ISSUE.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1SCHEDULE L, PART II

NAME	SARA LOTTIE
RELATIONSHIP WITH ORGANIZATION	EMPLOYEE
PURPOSE OF LOAN	ADMINISTRATIVE ISSUE
LOAN TO OR FROM THE ORG.?	TO X FROM
ORIGINAL PRINCIPAL AMOUNT	30,005.
BALANCE DUE	30,005.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	YES X NO
WRITTEN AGREEMENT?	X YES NO

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		42,793.	COST / SELLING PRICE
5 Clothing and household goods . . . . .	X		2,849,453.	COST / SELLING PRICE
6 Cars and other vehicles. . . . .	X	1.	44,045.	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	54.	239,553.	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	1,944.	2,880,690.	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 isn't 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 nonstandard 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 didn't 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) 2018

JSA

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

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## THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

**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.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-1610451

PROGRAM SERVICES

USO CENTERS

FORM 990, PART III, LINE 4A

THE USO PROVIDES PROGRAMS, ENTERTAINMENT AND SERVICES AT MORE THAN 230 LOCATIONS WORLDWIDE, INCLUDING MORE THAN 100 USO OWNED AND OPERATED LOCATIONS, AND MORE THAN 90 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, AUSTRALIA, DJIBOUTI, GERMANY, ITALY, IRAQ, JAPAN, KOREA, KUWAIT, QATAR, SPAIN, TURKEY, AND UNITED ARAB EMIRATES. 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 2018, USO SERVED VISITORS AND PROGRAM PARTICIPANTS MORE THAN 11 MILLION TIMES (INCLUDING SERVING VISITORS AND PROGRAM PARTICIPANTS 3.9 MILLION TIMES THROUGH ITS CHARTERED USO AFFILIATES). THE USO'S CENTERS PROVIDE A WARM AND COMFORTING PLACE WHERE SERVICE MEMBERS CAN CONNECT WITH LOVED ONES BACK HOME VIA INTERNET OR TELEPHONE, PLAY A VIDEO GAME, CATCH A MOVIE, HAVE A SNACK OR JUST PUT THEIR FEET UP AND RELAX.

IN 2018, THE USO CELEBRATED THE OPENING OF SEVERAL NEW LOCATIONS INCLUDING FORT STEWART, GA.; ELLINGTON FIELD JOINT RESERVE BASE, TEXAS; COAST GUARD STATION FORT MYERS BEACH, FLA.; CAMP HUMPHREY'S, KOREA; AL



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

ASAD, IRAQ; UNDISCLOSED LOCATION, QATAR; FORT JACKSON MEPS, S.C.; RALEIGH MEPS, N.C.; AND SACRAMENTO MEPS, CALIFORNIA.

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.

USO ALSO OFFERS SERVICE MEMBERS SUPPORT THROUGH ITS MOBILE VEHICLE UNITS. THESE LARGE MOBILE CENTERS TRAVEL TO EVENTS AND MILITARY EXERCISES TO PROVIDE PLACES FOR SERVICE MEMBERS TO RELAX DURING DOWNTIME, PROVIDE USO SERVICES TO AREAS WITHOUT A BRICK-AND-MORTAR USO CENTERS AND SUPPORT COMMUNITIES IN TIMES OF CRISIS. IN 2018, THE USO EXPANDED THE MOBILE FLEET OPERATION TO INCLUDE TWO NEW SPRINTER VANS DESIGNED TO PROVIDE SUPPORT TO SMALLER EXERCISES AND EVENTS. THE SPRINTER VANS ARE STATIONED IN CALIFORNIA WITH ONE STATIONED EXCLUSIVELY IN SAN DIEGO, CALIFORNIA, PROVIDING SUPPORT TO COMMUNITIES WITH LARGE MILITARY POPULATIONS AND GEOGRAPHIC LIMITATIONS. DURING 2018, THE USO'S MOBILE FLEET PROVIDED SUPPORT TO SERVICE MEMBERS RESPONDING TO HURRICANES FLORENCE AND MICHAEL.

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

## PUBLIC AWARENESS &amp; OUTREACH

FORM 990, PART III, LINE 4B

THE USO'S COMMUNICATIONS AND OUTREACH PROGRAMS AIM TO ADDRESS THE CIVILIAN-MILITARY DRIFT - A NATURAL DISCONNECT AND LACK OF UNDERSTANDING BETWEEN THOSE WHO HAVE SERVED IN THE MILITARY AND THOSE WHOM THEY DEFEND WHO HAVE NEVER SERVED AND MAY NOT KNOW OR BE RELATED TO ANYONE WHO HAS. DURING 2018, THE USO CONTINUED THE FORCE BEHIND THE FORCES, A BRAND AWARENESS CAMPAIGN REINTRODUCING THE USO TO THE AMERICAN PUBLIC, AND ENCOURAGING AMERICANS TO STAND BEHIND THE FORCE, AS A COMMUNITY OF SUPPORTERS COMMITTED TO CONNECTING SERVICE MEMBERS TO THE THINGS THAT THEY HOLD DEAR AND DEMONSTRATE APPRECIATION OF THOSE WHO SELFLESSLY SERVE OUR NATION. THE MULTI-CHANNEL CAMPAIGN GENERATED MORE THAN 2 BILLION PUBLIC SERVICE ANNOUNCEMENT IMPRESSIONS, 58 MILLION SOCIAL MEDIA IMPRESSIONS, AND 34 BILLION EARNED MEDIA IMPRESSIONS. THROUGH ITS WEBSITE AND MAIL, THE USO COLLECTED 1.85 MILLION MESSAGES OF APPRECIATION FROM THE AMERICAN PUBLIC WHICH ARE BEING DISTRIBUTED OR DISPLAYED AT USO LOCATIONS ACROSS THE GLOBE.

## EXPEDITIONARY AND MILITARY FAMILY PROGRAMS

FORM 990, PART III, LINE 4C

USO'S EXPEDITIONARY AND MILITARY FAMILY 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.

## EXPEDITIONARY SUPPORT

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

THE USO DISTRIBUTED 136 BUNDLES OF ELECTRONIC GAMING, SPORTS/MUSICAL EQUIPMENT, AND PERSONAL CARE ITEMS TO DEPLOYED SERVICE MEMBERS IN REMOTE LOCATIONS IN 2018. THE USO CARE PACKAGE PROGRAM DISTRIBUTED MORE THAN 120,000 SNACK OR TOILETRY PACKS TO SERVICE MEMBERS ACROSS THE GLOBE. 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. IN 2018, THE USO SHIPPED 720 SEASONAL HOLIDAY CARE PACKAGES TO HELP KEEP OUR DEPLOYED SERVICE MEMBERS CONNECTED TO HOME.

#### OPERATION PHONE HOME

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 PROVIDED MORE THAN 100,000 FREE INTERNATIONAL PREPAID CALLING CARDS TO ALLOW SERVICE MEMBERS TO CONNECT WITH THEIR FAMILIES. IN SOUTHWEST ASIA ALONE, MORE THAN 3.8 MILLION MINUTES WERE LOGGED IN FREE TALK TIME AND APPROXIMATELY 750,000 IN FREE WI-FI SESSIONS WERE LOGGED. IN OTHER PLACES AROUND THE WORLD, MANY USO LOCATIONS ALSO OFFER FREE INTERNET AND FREE PHONE CALLS.

#### MILITARY FAMILIES

THROUGH A PARTNERSHIP WITH THE WHAT TO EXPECT FOUNDATION, THE USO HOSTED 58 EVENTS FOR MILITARY MOMS-TO-BE AND AROUND THE GLOBE IN 2018. THE USO ALSO CONNECTS MILITARY PARENTS WITH THEIR CHILDREN BACK HOME BY HOSTING A

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

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 MAILES BACK HOME. DURING 2018, THE USO CONNECTED MILITARY FAMILIES AN ESTIMATED 43,000 TIMES AROUND THE WORLD THROUGH READING.

THE USO EMPACT PROGRAM IS DESIGNED TO ENGAGE THE ENTIRE FAMILY, FLIPPING TRADITIONAL FAMILY DYNAMICS AND EMPOWERS MILITARY KIDS TO LEAD THE OUTCOMES OF THEIR FAMILY'S EXPERIENCE. DURING AN EMPACT EVENT, FAMILIES PLAY GAMES TOGETHER, CONNECT OVER SHARED EXPERIENCES AND THEN TACKLE A FUN, PROBLEM-SOLVING ACTIVITY USING CARDBOARD, RECYCLED GOODS AND CREATIVITY. FAMILIES ARE ENCOURAGED TO REFLECT ON THEIR EMPACT EXPERIENCE AND CONTINUE INFUSING THE PLAYFUL AND POSITIVE PROBLEM-SOLVING SKILLS THEY HAVE DEVELOPED INTO A HEALTHY, RESILIENCY-BUILDING HABIT. THE PROGRAM HELD 9 EVENTS SERVING MORE THAN 200 SERVICE MEMBERS AND THEIR FAMILIES.

THE USO HAS CREATED A NEW, FAMILY-ORIENTED 'CARE PACKAGE' PROGRAM DESIGNED TO AFFORD MILITARY FAMILIES A CONNECTIVE EXPERIENCE, WHETHER PARTICIPATING IN FAMILY-ENGAGEMENT EVENTS AT USO CENTERS OR AT HOME AROUND THEIR OWN TABLE. THE BOX IS CUSTOMIZED WITH TARGETED COMFORT PRODUCTS AND INCLUDES FAMILY CRAFT ACTIVITIES THAT REINFORCE PROVEN RESILIENCY HABITS SUCH AS MANAGING EMOTIONS, UNDERSTANDING EXPECTATIONS OR OVERCOMING CHALLENGES. EACH FAMILY BOX IS ASSEMBLED BY HAND BY USO VOLUNTEERS AND STAFF AND CUSTOMIZED FOR UP TO SIX FAMILY MEMBERS, WITH

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

MORE THAN ONE BOX PROVIDED TO SUPPORT LARGER FAMILIES. DUE TO THE PERSONALIZED ASSEMBLY, THE PROGRAM IS CURRENTLY AVAILABLE BY REQUEST ONLY THROUGH CENTERS PARTICIPATING IN THE PROGRAM. THE USO DISTRIBUTED MORE THAN 350 BOXES DURING 2018.

THE USO ALSO EXECUTED 119 MILITARY SPOUSE NETWORKING EVENTS AND COFFEE CONNECTIONS, WHICH HELPED CONNECT MILITARY SPOUSES TO THEIR LOCAL COMMUNITY, SOCIAL AND PROFESSIONAL NETWORKS. DURING 2018, THE USO HAD 3,922 MILITARY SPOUSES PARTICIPATE IN THESE EVENTS. IN 2018, THE USO CONDUCTED EXTENSIVE, WORLDWIDE RESEARCH TO PRODUCE THE USO MILITARY SPOUSE REPORT, WHICH GAVE A VOICE TO MILITARY SPOUSES OF ALL BACKGROUNDS AND EXPLORED BOTH THE DEMOGRAPHICS AND THE CHALLENGES FACING MILITARY SPOUSES TODAY.

#### 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 2018, MORE THAN 5,900 MILITARY ATTENDEES BENEFITTED FROM 165 OXYGEN LIVE LEARNING EVENTS HELD ACROSS THE COUNTRY AND THROUGH ONLINE SUPPORT SUBSCRIPTIONS.

#### FAMILIES OF THE FALLEN

THE USO HAS SUPPORTED EVERY DIGNIFIED TRANSFER AT DOVER AIR FORCE BASE SINCE MARCH 1991, INCLUDING OVER 85 DIGNIFIED TRANSFERS IN 2018. THE USO

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IS LOCATED IN THE HEART OF DOVER AIR FORCE BASE TO SUPPORT FAMILIES OF 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 2018, THE USO SUPPORTED OVER 298 FAMILY MEMBERS TRAVELING TO AND FROM DOVER.

#### ENTERTAINMENT TOURS

FORM 990, PART III, LINE 4D

USO ENTERTAINMENT TOURS FEATURE CELEBRITIES, PERFORMERS AND ENGAGING SHOWS TO KEEP SERVICE MEMBERS AND MILITARY FAMILY MEMBERS CONNECTED TO FAMILY, HOME AND COUNTRY. IN 2018, THE USO DEPLOYED 96 CELEBRITY ENTERTAINERS, WHO GRACIOUSLY DONATED MILLIONS OF DOLLARS' WORTH OF THEIR PROFESSIONAL SERVICES AND THEIR TIME TO PARTICIPATE IN 41 TOURS TO 19 COUNTRIES AND 25 STATES, ENTERTAINING MORE THAN 88,000 SERVICE MEMBERS AND MILITARY FAMILY MEMBERS. EIGHT OF THESE TOURS WERE TO COMBAT ZONES.

#### TRANSITION SERVICES

FORM 990, PART III, LINE 4D

#### USO PATHFINDER

THE PATHFINDER PROGRAM EXTENDS THE USO EXPERIENCE TO SERVICE MEMBERS AND MILITARY SPOUSES AS THEY TRANSITION FROM THE MILITARY AND SETTLE INTO THEIR NEW COMMUNITIES. THE PROGRAM ALSO SUPPORTS MILITARY SPOUSES AT ANY POINT IN THEIR MILITARY JOURNEY AS THEY TRANSITION FROM ONE INSTALLATION

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TO THE NEXT. AT THE END OF 2018, THE USO HAD 19 PATHFINDER SITES ACROSS THE UNITED STATES.

THE USO PATHFINDER PROGRAM'S APPROACH INCLUDES:

PERSONALIZED SERVICE: THE USO PATHFINDER MISSION IS DELIVERED BY SCOUTS, USO STAFF WHO HAVE A DEEP KNOWLEDGE OF AND CONNECTION TO THE VAST ECOSYSTEM OF SERVICES AND OPPORTUNITIES AVAILABLE TO TRANSITIONING SERVICE MEMBERS AND MILITARY SPOUSES. SCOUTS WORK ONE-ON-ONE WITH INDIVIDUALS TO CREATE AN ACTION PLAN - A CUSTOMIZED ROAD MAP THAT HELPS INDIVIDUALS STAY ON TRACK AND GET CONNECTED WITH THE BEST RESOURCES FOR THEM THROUGHOUT THEIR TRANSITION. PATHFINDER SCOUTS MAINTAIN COMMUNICATION WITH INDIVIDUALS THROUGHOUT THEIR TRANSITION TO CONFIRM THE QUALITY OF SERVICE BEING PROVIDED BY THE RESOURCES THEY ARE CONNECTED TO AND COLLABORATE WITH THEM TO UPDATE THEIR ACTION PLAN IF THEIR GOALS OR DESTINATION CHANGE.

CONTINUITY OF CARE: SCOUTS SUPPORT SERVICE AND FAMILY MEMBERS 12 MONTHS BEFORE THEIR TRANSITION AND ENSURE CONTINUITY OF CARE BY EXTENDING SUPPORT UP TO 12 MONTHS BEYOND THE SERVICE MEMBER'S DATE OF SEPARATION. SCOUTS ALSO SUPPORT MILITARY SPOUSES THROUGHOUT THE MANY TRANSITIONS THEY FACE DURING THEIR FAMILY'S TIME IN SERVICE. SCOUTS CONNECT INDIVIDUALS TO RESOURCES AND OPPORTUNITIES AT THEIR CURRENT DUTY STATION BEFORE THEY SEPARATE, AS WELL AS TO RESOURCES WHERE THEY CHOOSE TO CALL HOME, REGARDLESS OF WHERE THAT MAY BE.

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A HOLISTIC APPROACH: TRANSITION IMPACTS EVERY ASPECT OF A SERVICE MEMBER AND MILITARY FAMILY'S LIFE. SCOUTS PROVIDE SUPPORT IN THE FOLLOWING FOCUS AREAS: EMPLOYMENT, EDUCATION, VETERANS BENEFITS, FINANCIAL READINESS, HOUSING, LEGAL, FAMILY STRENGTH AND WELLNESS, AND VOLUNTEERISM.

A NATIONWIDE NETWORK OF NETWORKS: THE USO PATHFINDER PROGRAM WORKS WITH PUBLIC AND PRIVATE RESOURCES ACROSS THE NATION THAT OFFER RELEVANT SERVICES TO TRANSITIONING SERVICE MEMBERS AND MILITARY SPOUSES. SCOUTS INFORM, PREPARE, AND CONNECT INDIVIDUALS WITH THE LOCAL, NATIONAL, IN-PERSON AND VIRTUAL RESOURCES THAT BEST SUIT THEIR SPECIFIC TIMELINE, LOCATION AND GOALS.

POWERFUL TECHNOLOGY: THE USO'S DIGITAL ACTION PLAN PUTS COMPREHENSIVE TRANSITION SERVICES DIRECTLY INTO THE HANDS OF SERVICE MEMBERS AND MILITARY SPOUSES. INDIVIDUALS CAN VIEW THEIR ACTION PLAN, COMPLETE TASKS, CREATE TASKS, AND CONNECT WITH THEIR SCOUT, ALL THROUGH THE USO MOBILE APP.

AUGMENTING GOVERNMENT TRANSITION ASSISTANCE PROGRAMS: SCOUTS COMPLIMENT WHAT THE MILITARY'S TRANSITION ASSISTANCE PROGRAMS (TAP) PROVIDE TO SERVICE MEMBERS AND MILITARY FAMILIES BY ESTABLISHING A BRIDGE TO PUBLIC AND PRIVATE RESOURCES IN LOCAL COMMUNITIES ACROSS THE COUNTRY. SCOUTS ARE COMMITTED TO LEVERAGING EXTERNAL PRIVATE RESOURCES WHILE ALSO ENSURING THAT SERVICE MEMBERS UNDERSTAND THE VALUE OF THEIR INSTALLATION TAP(S) BY



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REFERRING TO THEM WHEN THEY ARE NOT BEING FULLY UTILIZED.

#### USO TRANSITION PROGRAMS AND EVENTS

THE USO PROVIDES RELEVANT AND VALUABLE PROGRAMMING TO SUPPORT SERVICE MEMBERS AND MILITARY SPOUSES AS THEY OVERCOME THE CHALLENGES THAT TRANSITIONS BRING. THE PATHFINDER PROGRAM CURRENTLY OFFERS:

EMPLOYMENT WORKSHOPS: THIS TURN-KEY WORKSHOP PROVIDES CAREER READINESS INFORMATION THAT'S DELIVERED DIRECTLY TO INDIVIDUALS BY USO CORPORATE PARTNER EMPLOYEES. THE 3-HOUR PROGRAM INCLUDES A COMPREHENSIVE PRESENTATION AND BREAKOUT SESSIONS FOR RESUME REVIEW, MOCK INTERVIEWS, AND LINKEDIN PROVIDED REVIEWS.

FINANCIAL READINESS WORKSHOPS: THESE COURSES FOCUS ON A WIDE VARIETY OF FINANCIAL TOPICS, INCLUDING "IS YOUR FINANCIAL HOUSE IN ORDER," "TRANSITIONING SUCCESSFULLY INTO RETIREMENT" AND "TRANSITIONING TO A NEW CAREER." WORKSHOPS ARE TAUGHT BY CERTIFIED SUBJECT MATTER EXPERTS.

EDUCATION WORKSHOPS: THIS WORKSHOP PROVIDES A COMPREHENSIVE DISCUSSION IN CHOOSING A SCHOOL, PAYING FOR SCHOOL, AND MANAGING STUDENT DEBT. THESE WORKSHOPS ARE DELIVERED BY NATIONAL OR LOCAL PARTNERS TO ENSURE THAT ATTENDEES RECEIVE PROFESSIONAL GUIDANCE.

TRANSITION SUMMITS: THE USO HOSTS SUMMITS FOR TRANSITIONING SERVICE MEMBERS AND MILITARY SPOUSES IN PARTNERSHIP WITH HIRING OUR HEROES (HOH),

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A PROGRAM OF THE U.S. CHAMBER OF COMMERCE FOUNDATION.

OTHER WORKSHOPS: THE USO ALSO PARTNERS WITH OTHER CORPORATIONS AND ORGANIZATIONS TO PROVIDE WORKSHOPS ON HOME BUYING PROCESS STEP-BY-STEP AND VA HOME LOAN ELIGIBILITY AND WORKSHOPS DESIGNED TO HELP SERVICE MEMBERS TO LEARN USEFUL SKILLS AND DEVELOP EFFECTIVE COPING MECHANISMS TO ENHANCE THE LIKELIHOOD OF POSITIVE RECONNECTIONS AMONG FAMILY MEMBERS.

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

DESCRIPTION	GRANTS	EXPENSES
TRANSITION SERVICES	\$ 490,216	\$5,927,907
ENTERTAINMENT TOURS	\$ 361,442	\$5,278,022
TOTAL	\$ 851,658	\$11,205,929

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 USO'S BOARD OF GOVERNORS DURING THEIR TERM OF SERVICE.

2) NON-VOTING MEMBERS CONSISTING OF MEMBERS OF THE ARMED FORCES OF THE UNITED STATES CURRENTLY ON ACTIVE DUTY; REPRESENTATIVES, AS MAY BE DESIGNATED BY USO'S BOARD OF GOVERNORS, FROM THE ORGANIZATIONS SET FORTH IN USO'S CONGRESSIONAL CHARTER, UP TO NINE PERSONS DESIGNATED BY THE

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

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  
GOVERNORS, OR ACTION ON ANY OTHER MATTERS, SHALL BE BY THE AFFIRMATIVE  
VOTE OF THE MAJORITY OF VOTING MEMBERS PRESENT IN PERSON OR BY PROXY AND  
ENTITLED TO VOTE AT THE MEETING, PROVIDED THOSE PRESENT IN PERSON OR BY  
PROXY CONSTITUTE A QUORUM. ADDITIONALLY, UP TO SIX PERSONS APPOINTED BY  
THE PRESIDENT OF THE UNITED STATES, THEIR TERM BEING CONTERMINOUS WITH  
SUCH PRESIDENT'S INCUMBENCY, MAY SERVE ON THE BOARD OF GOVERNORS.

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 JULY 2019. MEETING MINUTES REFLECT THE REVIEW AND DISCUSSION  
OF THE IRS FORM 990 AT THE AUDIT COMMITTEE MEETING HELD IN JULY. AN  
OUTSIDE ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

FORM 990, PART VI, LINE 12C

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THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRES UNITED SERVICE ORGANIZATION, 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 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 AND PROGRAMS, SVP, BRAND ADVANCEMENT, SVP GOVERNMENT & EXTERNAL RELATIONS, SVP, ENTERTAINMENT AND SVP HR. THE LAST REVIEW WAS PERFORMED IN 2018 FOR ALL POSITIONS LISTED AND ALL POSITIONS' COMPENSATION WAS FOUND TO BE WITHIN THE RANGE FOR COMPARABLE EXECUTIVES

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AT COMPARABLE ORGANIZATIONS.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USO WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST.

JOINT COST ACTIVITY DISCLOSURE

FORM 990, PART IX, LINE 26

THE USO CONDUCTS JOINT ACTIVITIES THAT BENEFIT PROGRAM SERVICES AND INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE ACTIVITIES INCLUDES A CALL TO ACTION TO ENLIST THE PUBLIC'S AID IN IDENTIFYING SERVICE MEMBERS AND THEIR FAMILIES THAT WOULD BENEFIT FROM USO'S PROGRAMS AND SERVICES AND AN OPPORTUNITY TO SEND A PERSONALIZED MESSAGE OF APPRECIATION TO SERVICE MEMBERS (FORCE BEHIND THE FORCES CAMPAIGN). PERSONALIZED MESSAGES RECEIVED FROM THE PUBLIC THROUGH THESE ACTIVITIES ARE DISPLAYED AND DISTRIBUTED AT USO LOCATIONS AROUND THE GLOBE.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ITALY

JAPAN

KOREA, REPUBLIC OF (SOUTH)

UNITED ARAB EMIRATES

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

CA, CO, CT,

GU, HI, IL, KY, LA, MA, MI,

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

SC, TN, VA, WA,

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SOUTHWEST PUBLISHING 4000 SE ADAMS STREET TOPEKA, KS 66609	DM PRODUCTION	7,066,425.
RESOURCEONE 2900 E. APACHE STREET TULSA, OK 74110	DM PRODUCTION	3,387,657.
PLUS MEDIA, LLC P.O. BOX 3949 DANBURY, CT 06813	LIST BROKER	1,589,523.
INFOGROUP P.O. BOX 3243 OMAHA, NE 68103	DATA MANAGEMENT	1,426,494.
CDR FUNDRAISING GROUP 16900 SCIENCE DRIVE, #210 BOWIE, MD 20715	DM FUNDRAISER	914,468.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) USO FOUNDATION 20-8861567 2111 WILSON BLVD., SUITE 1200 ARLINGTON, VA 22201	CHARITABLE	VA	501(C)(3)	12A	USO	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

JSA

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**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X
<b>2</b> 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	Q	120,545.	CASH
(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)													

Schedule R (Form 990) 2018

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.