

# 2020

## Financial Review



U.S. Marine Corps photo by Lance Cpl. Alex Fairchild



USO Camp Foster provides Marines with drinks and refreshment at the U.S. Naval Hospital Okinawa on Camp Foster, Okinawa, Japan, Feb. 2, 2020.

# ABOUT THE USO

The USO strengthens America's military service members by keeping them connected to family, home and country, throughout their service to the nation. We are the **Force Behind the Forces®**.



## STAY CONNECTED

To stay connected and learn more about the USO and how we support service members and military families, visit:



Since 1941, the USO — a private, nonprofit organization — has served the men and women of the U.S. military, and their families, throughout their time in uniform — from the moment they join, through their deployments and as they transition back to their communities.

Today's service members need the care, comfort, connection and support that can only be provided by an organization that is with them at every point of their military journey, wherever they serve.

The USO is continuously adapting to the needs of our men and women in uniform and their families so they can focus on their important mission.

Although the USO is a congressionally chartered organization and works in close partnership with the Department of Defense (DoD), the USO is not part of the federal government.

We are a family of volunteers, sustained by the charitable

contributions of millions of generous Americans and united in our commitment to support America's service members by keeping them connected to the very things they've sworn to defend — family, home and country. Our work is America's most powerful expression of gratitude to the men and women who secure our nation's freedoms.

The USO remains dedicated to expanding access to USO centers and programs worldwide, increasing annual service connections and boosting transition services for our service members and their families throughout their time of duty. In every corner of the world, our service members will know that the USO is always by their side.

USO meets all 20 Better Business Bureau Standards for Charity Accountability and is a gold-level GuideStar Exchange participant, demonstrating its commitment to transparency.

**We believe that all Americans — united in spirit and action for our service members — can change lives, communities, our military and our country, all for the better.**



# ALWAYS BY THEIR SIDE

Our locations are the foundation for our connection to the military community and enable the USO to provide outreach support to areas where no physical facility exists. USO locations offer an inviting and comforting place where service members and their families can connect by internet or phone, play a video game, catch a movie, have a snack or just put their feet up and relax.

USO global operations are organized into eight geographic regions – Pacific, Europe, Southwest Asia, US-Northeast, US-Southeast, US-Midwest, US-Central and US-West – with leadership teams managing operations and providing strategic support for the military in their respective geographic areas.

In 2020, the USO opened several new locations, including Hamid Karzai Int'l Airport (Afghanistan), New London (CT), Naval Base Guam (Guam), Fort Shafter (HI), Louisville Muhammad Ali Int'l Airport

(KY), New Orleans MEPS (LA), Rickenbacker Air National Guard Base (OH), Eastern Europe Expeditionary Vehicle (Poland), Prince Sultan Air Base (Saudi Arabia), SE Mobile Sprinter (US), Marine Corps Base Quantico-West (VA).

In addition to these centers, the USO renovated Sasebo Nimitz Park (Japan), Camp Walker (Korea), Osan Air Base (Korea), Tumon Bay (Guam), Sasebo Fleet Landing (Japan), Camp Kinser (Okinawa), San Francisco Int'l Airport (CA), Fort Hood (TX), PTA (HI), Milwaukee Int'l Airport (WI) and Wright-Patterson Air Force Base (OH).

In 2020, USO Centers at Q-West (Iraq), Al Taqaddum Air Base (Iraq), OB Fenty (Afghanistan), Bagram East (Afghanistan), Kandahar (Afghanistan) and Hanscom Air Base (MA) closed their doors. In 2020 the USO also opened a new Transition location on Fort Benning.

## USO LEADERSHIP

Led by CEO & President Dr. J.D. Crouch II, the USO's staff and thousands of dedicated volunteers operate more than 250 locations worldwide. The USO leadership team, along with the USO Board of Governors, brings knowledge and expertise essential to the USO's ability to deliver high-quality programs and services to our men and women in uniform, wherever they serve.

To learn more about USO Leadership and for the full list of the USO Board of Governors, please visit: [USO.org/about](https://www.uso.org/about)

**A strong America is a force for good in the world and a strong military  
is necessary for a strong America.**



# More than 250 USO locations

locations in

## 17 countries

United States, Afghanistan, Australia, Djibouti, Germany, Italy, Iraq, Japan, Jordan, Korea, Kuwait, Poland, Qatar, Saudi Arabia, Spain, Turkey, United Arab Emirates

USO locations in

## 32 states

and one territory



USO services on

## 7 continents

AK, AZ, CA, CO, DE, FL, GA, Guam, HI, IA, IL, IN, KS, KY, LA, MA, MD, MO, MS, NC, NJ, NV, NY, OH, OK, OR, PA, SC, TN, TX, VA, WA, WI

Supported through facilities, outreach programs, and entertainment



## 7.4 Million

total service connections in  
2020 worldwide



## 2.8M

Center Visits\*



## 4.1M

Center Program and  
Service Participants



## 35K

Entertainment  
Event Attendees



## 379K

Expeditionary and Family  
Program Participants



## 26K

Transition program  
participants & 7.5K  
USO Transition Action Plans

\*With many USO locations temporarily suspending operations in 2020 due to COVID-19, the USO saw a significant decrease in center visits. However, the organization quickly pivoted to provide virtual programming to service members and their families and socially distanced in-person support to service members on the front lines of the fight against the pandemic to ensure the military community stayed connected and remained resilient.

# FINANCIAL STEWARDSHIP

Consolidated Statement of Financial Position, December 31, 2020  
(in thousands)

<b>Assets</b>	
Cash and cash equivalents	27,968
Receivables, net	29,210
Inventory, prepaid expenses and other assets	7,077
Investments	173,865
Fixed Assets, net	17,413
<b>Total Assets</b>	<b>255,533</b>
<b>Liabilities</b>	
	<b>15,581</b>
<b>Net Assets</b>	
Without donor restrictions	151,153
With donor restrictions	88,799
<b>Total Net Assets</b>	<b>239,952</b>
<b>Total Liabilities and Net Assets</b>	<b>255,533</b>

A summary of the USO's 2020 program service accomplishments can be found in Part III of the USO's 2020 IRS Form 990 available at: [uso.org/about/financial-statements](https://uso.org/about/financial-statements). The consolidated statements of financial position and activities and changes in net assets reflect the accounts of USO, Inc., the USO Foundation and its domestic and overseas operating centers. U.S. chartered operations are financially autonomous from the USO and are therefore excluded from the USO's consolidated financial statements. The complete consolidated financial statements, accompanying notes thereto and independent auditors' report as of and for the year ended December 31, 2020, as performed by Grant Thornton LLP, are available at: [uso.org/about/financial-statements](https://uso.org/about/financial-statements).

Consolidated Statement of Activities and Changes in Net Assets, year ended December 31, 2020 (in thousands)

	Without Donor Restrictions	With Donor Restrictions	Total
<b>Support and Revenue</b>			
<i>Contributions:</i>			
Corporate, foundation and individual giving	25,319	24,137	49,456
Direct response	69,463	25	69,488
United Way and CFC	418	-	418
Contributed materials, facilities and services	67,696	9	67,705
Grants	20,204	-	20,204
Excess of assets acquired over liabilities assumed in the acquisition of other charitable organizations	5,224	343	5,567
USO center revenue	383	-	383
Investment return, net	8,028	7,779	15,807
Other income	346	-	346
<b>Net assets released from restriction</b>	<b>24,255</b>	<b>(24,255)</b>	<b>-</b>
	221,336	8,038	229,374
<b>Operating and Supporting Expenses</b>			
<i>Program Services:</i>			
USO Centers	60,313	-	60,313
Transition programs	4,194	-	4,194
Military families & expeditionary programs	8,724	-	8,724
Contributed materials, facilities and services	68,010	-	68,010
Entertainment	3,109	-	3,109
Communications and public awareness outreach	16,900	-	16,900
<b>Total Program Services</b>	<b>161,250</b>	<b>-</b>	<b>161,250</b>
<i>Supporting Services:</i>			
Fundraising	29,942	-	29,942
Management and general	14,969	-	14,969
Contributed materials, facilities and services	117	-	117
<b>Total Operating and Supporting Expenses</b>	<b>206,278</b>	<b>-</b>	<b>206,278</b>
<b>Change in Net Assets</b>	<b>15,058</b>	<b>8,038</b>	<b>23,096</b>
<b>Net Assets , beginning of year</b>	<b>136,095</b>	<b>80,761</b>	<b>216,856</b>
<b>Net Assets, end of year</b>	<b>151,153</b>	<b>88,799</b>	<b>239,952</b>

A summary of the USO's 2020 program service accomplishments can be found in Part III of the USO's 2018 IRS Form 990 available at: [uso.org/about/financial-statements](http://uso.org/about/financial-statements). The consolidated statements of financial position and activities and changes in net assets reflect the accounts of USO, Inc., the USO Foundation and its domestic and overseas operating centers. U.S. chartered operations are financially autonomous from the USO and are therefore excluded from the USO's consolidated financial statements. The complete consolidated financial statements, accompanying notes thereto and independent auditors' report as of and for the year ended December 31, 2020, as performed by Grant Thornton LLP, are available at [uso.org/about/financial-statements](http://uso.org/about/financial-statements).

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

UNITED SERVICE ORGANIZATIONS, INC.

13-1610451

Name and title of officer or person subject to tax

KRISTINE SHUMACK

TREASURER, CFO

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	158,052,372.	<b>1b</b>
<b>2a</b> Form 990-EZ check here	▶	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)		<b>2b</b>
<b>3a</b> Form 1120-POL check here	▶	<b>b</b> Total tax (Form 1120-POL, line 22)		<b>3b</b>
<b>4a</b> Form 990-PF check here	▶	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)		<b>4b</b>
<b>5a</b> Form 8868 check here	▶	<b>b</b> Balance due (Form 8868, line 3c)		<b>5b</b>
<b>6a</b> Form 990-T check here	▶	<b>b</b> Total tax (Form 990-T, Part III, line 4)		<b>6b</b>
<b>7a</b> Form 4720 check here	▶	<b>b</b> Total tax (Form 4720, Part III, line 1)		<b>7b</b>

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or \_\_\_\_\_ I am a person subject to tax with respect to  
(name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize GRANT THORNTON LLP to enter my PIN 26232  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 9/15/2021

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54681436605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 9/22/2021

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ 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 \$

169,903,755.

**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 (CONTINUED IN SCHEDULE O)	
	<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)	27
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	26
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	840
	<b>6</b>	Total number of volunteers (estimate if necessary)	14132
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	146,916,201.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	746,232.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	372,487.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-227,487.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	147,807,433.
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,381,815.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	2,576,102.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,442,009.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	75,674,814.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	155,588,896.
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	-7,781,463.
Net Assets or Fund Balances		<b>20</b>	Total assets (Part X, line 16)
	<b>21</b>	Total liabilities (Part X, line 26)	13,648,890.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	84,936,598.

**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		9/15/2021
	Signature of officer	Date
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature 
	Firm's name ▶ GRANT THORNTON LLP	Date 9/22/2021
	Firm's address ▶ 1000 WILSON BOULEVARD, SUITE 1400 ARLINGTON, VA 22209	Check <input type="checkbox"/> if self-employed PTIN P00847851
		Firm's EIN ▶ 36-6055558
		Phone no. (703) 847-7500

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



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
	Number, street, and room or suite no. If a P.O. box, see instructions. 2111 WILSON BLVD, NO. #1200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22201	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KRISTINE SHUMACK, TREASURER / CFO

- The books are in the care of ► 2111 WILSON BLVD #1200 - ARLINGTON, VA 22201  
Telephone No. ► 703-908-6400 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year 2020 or  
 ► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**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 \$ 72,482,858. including grants of \$ 1,522,240. ) (Revenue \$ 305,238. )  
USO CENTERS - SEE SCHEDULE O.

**4b** (Code: ) (Expenses \$ 16,817,328. including grants of \$ 4,900. ) (Revenue \$ 0. )  
PUBLIC AWARENESS AND OUTREACH - SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 9,535,843. including grants of \$ 424,640. ) (Revenue \$ 0. )  
EXPEDITIONARY AND MILITARY FAMILY PROGRAMS - SEE SCHEDULE O.

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

(Expenses \$ 7,298,986. including grants of \$ 205,745. ) (Revenue \$ 0. )

**4e** Total program service expenses 106,135,015.

Form **990** (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</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? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**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> .....	<b>22</b>	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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X

Note: All Form 990 filers are required to complete Schedule O

**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>	241
<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



**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 <span style="float: right;">2a 840</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<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>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<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)?	X	
<b>b</b> If "Yes," enter the name of the foreign country SEE SCHEDULE O 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?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		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>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?	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	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?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<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.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<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>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 <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<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? If "Yes," see instructions and file Form 4720, Schedule N.		X
<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.		X

Form 990 (2020)

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	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 on Schedule O.	27			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		26		
<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? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	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? .....			7a	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? .....			7b	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? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	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 on Schedule O .....			9	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? .....	10a	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? .....	10b	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? .....	11a	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 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	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 .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	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 .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	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? .....	16a	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? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CA, CO, CT, GU, HI, IL, KY, LA, MA, MI, MN, NJ

**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 on Schedule O)

**19** Describe on 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, TREASURER / CFO - 703-908-6400  
 2111 WILSON BLVD #1200, ARLINGTON, VA 22201

**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.
- See instructions for the order in which to list the persons above.

☐ 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 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) DR. J.D. CROUCH, II PRESIDENT & CEO	50.00 0.00	X		X				660,473.	0.	42,203.
(2) PHILIP PARISI TREASURER / CFO (END 07/2020)	48.00 2.00			X				421,002.	0.	198,805.
(3) LISA ANASTASI CDMO	50.00 0.00				X			409,327.	0.	51,644.
(4) ALAN REYES COO	50.00 0.00				X			397,629.	0.	53,071.
(5) TAMMY HEISER SECRETARY / SVP, HUMAN RESOURCES	50.00 0.00			X				303,805.	0.	47,639.
(6) KRISTINE SHUMACK TREASURER / CFO (BEG 10/2020)	48.00 2.00			X				259,205.	0.	48,131.
(7) VIRGINIA JOHNSON SVP, GOVT REL AND EXT AFFAIRS	50.00 0.00				X			247,128.	0.	45,436.
(8) ALISON RUBLE REGIONAL PRESIDENT (MIDWEST)	50.00 0.00					X		254,397.	0.	32,221.
(9) GARY COLE REGIONAL PRESIDENT (CENTRAL)	50.00 0.00					X		250,416.	0.	33,335.
(10) ROBERT KURKJIAN REGIONAL PRESIDENT (WEST)	50.00 0.00					X		257,401.	0.	21,832.
(11) CHARLES HYDE REGIONAL VP, OPERATIONS (PACIFIC)	50.00 0.00					X		234,900.	0.	17,315.
(12) BRIAN COOK VP, DIRECT RESPONSE	50.00 0.00					X		227,441.	0.	15,897.
(13) CHRISTOPHER PLAMP SVP, OPS, PROGRAMS & ENTERTAINMENT	50.00 0.00				X			216,321.	0.	18,754.
(14) GEN. GEORGE CASEY DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) CARLTON W. KENT DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) COURTNEY L. BILLINGTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) CRAIG R. MCKINLEY DIRECTOR (BEG 02/2020)	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DAVID H. MCCORMICK DIRECTOR (END 12/2020)	1.00 0.00	X						0.	0.	0.
(19) DAWN HALFAKER DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) JED F BECKER DIRECTOR	1.00 2.00	X						0.	0.	0.
(21) FRED L. STOKES DIRECTOR (BEG 09/2020)	1.00 0.00	X						0.	0.	0.
(22) GERRY BYRNE DIRECTOR (BEG 02/2020)	1.00 0.00	X						0.	0.	0.
(23) GREGG WARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) JAMES HAMILTON DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) KARL-HEINZ STAHL DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) KENNETH O. PRESTON DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								4,139,445.	0.	626,283.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,139,445.	0.	626,283.

**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 **▶**

95

- 3** Did the organization list any **former** officer, director, 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
IWCO DIRECT 7951 POWERS BLVD, CHANHASSEN, MN 55317	DM PRODUCTION	5,345,140.
SOUTHWEST PUBLISHING 4000 SE ADAMS ST, TOPEKA, KS 68103	DM PRODUCTION	2,370,967.
DATA AXLE INC P.O. BOX 3243, OMAHA, NE 68103	DATA MANAGEMENT	2,344,584.
ANNE LEWIS STRATEGIES P.O. BOX 959819, ST LOUIS, MO 63195	FUND CONSULTANT	1,044,707.
CEVA FREIGHT, LLC 15350 VICKERY DRIVE, HOUSTON, TX 77032	LOGISTICS	822,382.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

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**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEANNE CARET DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) MARILLYN A. HEWSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) MARILYN COHEN DIRECTOR (BEG 09/2020)	1.00 0.00	X						0.	0.	0.
(30) MARSHALL NADEL DIRECTOR (BEG 02/2020)	1.00 0.00	X						0.	0.	0.
(31) MARY PETRYSZYN DIRECTOR	2.00 0.00	X						0.	0.	0.
(32) MATTHEW BROMBERG DIRECTOR (BEG 05/2020)	1.00 0.00	X						0.	0.	0.
(33) MICHAEL P. EMMERT DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) ORLAN BOSTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) ROBERT N. SACKS DIRECTOR	2.00 0.00	X						0.	0.	0.
(36) ROBIN LINEBERGER DIRECTOR	2.00 0.00	X						0.	0.	0.
(37) TINA W. JONAS DIRECTOR	2.00 0.00	X						0.	0.	0.
(38) WILLIAM J. LENNOX, JR DIRECTOR (BEG 09/2020)	1.00 0.00	X						0.	0.	0.
(39) WILLIAM J. LYNN, III DIRECTOR	2.00 1.00	X						0.	0.	0.
(40) JAYNE PLANK DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**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>1 a</b> Federated campaigns .....	<b>1a</b>	417,920.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	1,518,233.					
	<b>d</b> Related organizations .....	<b>1d</b>	5,567,189.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	20,204,265.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	129,454,244.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 15,304,369.					
	<b>h Total.</b> Add lines 1a-1f .....							157,161,851.
<b>Program Service Revenue</b>	<b>2 a</b> <u>USO CENTER</u>	<b>Business Code</b> 900099		305,242.	305,242.			
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> .....							
	<b>e</b> .....							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				305,242.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			523,906.			523,906.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal					
<b>b</b> Less: rental expenses ...		<b>6b</b>						
<b>c</b> Rental income or (loss)		<b>6c</b>						
<b>d</b> Net rental income or (loss) .....								
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other					
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>						
<b>c</b> Gain or (loss) .....		<b>7c</b>						
<b>d</b> Net gain or (loss) .....					78,905.		78,905.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,518,233. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	106,614.					
<b>b</b> Less: direct expenses .....		<b>8b</b>	409,572.					
<b>c</b> Net income or (loss) from fundraising events .....					-302,958.		-302,958.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	75.						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	79.						
<b>c</b> Net income or (loss) from sales of inventory .....				-4.	-4.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> <u>MISCELLANEOUS INCOME</u>	<b>Business Code</b> 900099		285,430.			285,430.	
	<b>b</b> .....							
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....				285,430.			
	<b>12 Total revenue.</b> See instructions .....				158,052,372.	305,238.	0.	585,283.

**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 ☐

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 ...	2,157,525.	2,157,525.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,450,735.	1,427,661.	1,487,296.	535,778.
<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) .....				
<b>7</b> Other salaries and wages .....	46,735,551.	35,471,552.	4,271,390.	6,992,609.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	3,238,201.	2,422,606.	322,100.	493,495.
<b>9</b> Other employee benefits .....	4,468,835.	3,439,807.	523,529.	505,499.
<b>10</b> Payroll taxes .....	3,648,911.	2,784,135.	363,890.	500,886.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	861,147.	254,381.	386,649.	220,117.
<b>c</b> Accounting .....	281,109.		281,109.	
<b>d</b> Lobbying .....	120,000.	120,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	2,079,391.			2,079,391.
<b>f</b> Investment management fees .....	27,551.		27,551.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	5,034,734.	3,132,596.	1,083,330.	818,808.
<b>12</b> Advertising and promotion .....	7,662,093.	3,528,887.		4,133,206.
<b>13</b> Office expenses .....	10,412,619.	7,057,722.	1,845,373.	1,509,524.
<b>14</b> Information technology .....	4,870,032.	3,995,145.	527,449.	347,438.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,412,750.	628,211.	393,291.	391,248.
<b>17</b> Travel .....	1,326,148.	1,145,985.	106,403.	73,760.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	339,498.	47,127.	30,838.	261,533.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	3,894,347.	3,601,551.	134,342.	158,454.
<b>23</b> Insurance .....	522,171.	376,831.	69,698.	75,642.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM SUPP. / SUPPORT .....	27,024,795.	27,024,795.	0.	0.
<b>b</b> PRINTING AND PRODUCTION .....	17,029,802.	6,003,368.	2,645,581.	8,380,853.
<b>c</b> RENTAL AND MAINTENANCE .....	953,339.	891,412.	55,539.	6,388.
<b>d</b> SUB., DUES, TRAINING .....	572,427.	329,573.	153,838.	89,016.
<b>e</b> All other expenses .....	1,431,623.	294,145.	269,114.	868,364.
<b>25</b> Total functional expenses. Add lines 1 through 24e	149,555,334.	106,135,015.	14,978,310.	28,442,009.
<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"/> if following SOP 98-2 (ASC 958-720)	28,796,466.	12,294,773.	4,263,269.	12,238,424.

**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 .....	6,812,334.	<b>1</b>	8,058,609.
	<b>2</b> Savings and temporary cash investments .....	18,768,877.	<b>2</b>	19,909,248.
	<b>3</b> Pledges and grants receivable, net .....	26,676,390.	<b>3</b>	28,719,267.
	<b>4</b> Accounts receivable, net .....	527,993.	<b>4</b>	430,114.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	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 .....	2,920,191.	<b>8</b>	3,531,628.
	<b>9</b> Prepaid expenses and deferred charges .....	2,277,597.	<b>9</b>	3,268,473.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 39,429,572.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 22,016,949.		
	<b>11</b> Investments - publicly traded securities .....	15,554,710.	<b>10c</b>	17,412,623.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,047,396.	<b>11</b>	26,953,044.
	<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 33) .....	0.	<b>15</b>	277,413.	
<b>17</b> Accounts payable and accrued expenses .....	98,585,488.	<b>16</b>	108,560,419.	
<b>Liabilities</b>	<b>18</b> Grants payable .....	13,002,707.	<b>17</b>	13,905,305.
	<b>19</b> Deferred revenue .....	593,136.	<b>18</b>	163,053.
	<b>20</b> Tax-exempt bond liabilities .....	53,047.	<b>19</b>	884,551.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	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>	581,119.
	<b>27</b> Net assets without donor restrictions .....	13,648,890.	<b>26</b>	15,534,028.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>28</b> Net assets with donor restrictions .....			
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>27</b>	70,124,521.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>28</b>	22,901,870.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>	
	<b>32</b> Total net assets or fund balances .....		<b>30</b>	
	<b>33</b> Total liabilities and net assets/fund balances .....		<b>31</b>	
	84,936,598.	<b>32</b>	93,026,391.	
	98,585,488.	<b>33</b>	108,560,419.	

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**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>	158,052,372.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	149,555,334.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,497,038.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	84,936,598.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	275,193.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-120,433.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-562,005.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	93,026,391.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 on Schedule O.	X	
<b>3a</b> 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? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

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**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	136,911,382.	132,975,962.	133,661,905.	146,550,901.	157,160,575.	707,260,725.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	136,911,382.	132,975,962.	133,661,905.	146,550,901.	157,160,575.	707,260,725.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						707,260,725.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	136,911,382.	132,975,962.	133,661,905.	146,550,901.	157,160,575.	707,260,725.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	548,575.	693,051.	935,663.	644,502.	523,906.	3,345,697.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	0.	1,893.	0.	0.	0.	1,893.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	-654,945.	752,431.	373,047.	631,099.	392,119.	1,493,751.
<b>11 Total support.</b> Add lines 7 through 10						712,102,066.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,510,833.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.32 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.41 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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"/>

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</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</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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.		
<b>2</b>		

**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).		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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>2a</b>			
<b>b</b> Did the activities described in line 2a, above, 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>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</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.			
<b>3b</b>			

**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 ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## MISC INCOME

2016 AMOUNT: \$ 222,941.

2017 AMOUNT: \$ 109,429.

2018 AMOUNT: \$ 131,791.

2019 AMOUNT: \$ 183,776.

2020 AMOUNT: \$ 285,430.

## FUNDRAISING &amp; GAMING EVENTS

2016 AMOUNT: \$ -877,886.

2017 AMOUNT: \$ 622,321.

2018 AMOUNT: \$ 228,937.

2019 AMOUNT: \$ 443,114.

2020 AMOUNT: \$ 106,614.

## GROSS SALES OF INVENTORY

2017 AMOUNT: \$ 20,681.

2018 AMOUNT: \$ 12,319.

2019 AMOUNT: \$ 4,209.

2020 AMOUNT: \$ 75.

# Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ 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.

OMB No. 1545-0047

# 2020

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	Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	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		\$ 20,204,265.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,220,685.	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Name of organization	Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	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 info. once.) ► \$ \_\_\_\_\_

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

**2020**

**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.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

**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-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

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

Limits on Lobbying Expenditures (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 (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		161,609.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		161,609.	
<b>d</b> Other exempt purpose expenditures		147,286,783.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		147,448,392.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	205,697.	190,940.	223,689.	161,609.	781,935.
<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) 2020

**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.

PART II-A, LINE 1B, DIRECT LOBBYING ACTIVITY:

LOBBYING ACTIVITY

THE UNITED SERVICE ORGANIZATIONS, INC. ("USO") LOBBIES FOR CONGRESSIONAL

APPROPRIATIONS.

**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

**2020****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).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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? .....

☐ Yes ☐ 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)? .....

☐ Yes ☐ 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

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

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Schedule D (Form 990) 2020

**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 make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	646,268.	487,287.	398,345.	276,030.	25,000.
b Contributions	812,719.	100,000.	100,000.	100,000.	250,000.
c Net investment earnings, gains, and losses	246,845.	58,981.	-10,934.	22,315.	1,030.
d Grants or scholarships					
e Other expenditures for facilities and programs	12,808.				
f Administrative expenses			124.		
g End of year balance	1,693,024.	646,268.	487,287.	398,345.	276,030.

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

a Board designated or quasi-endowment ☐ 48.0000 %

b Permanent endowment ☐ 41.0800 %

c Term endowment ☐ 10.9200 %

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

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		295,927.		295,927.
b Buildings				
c Leasehold improvements		24,819,957.	13,043,963.	11,775,994.
d Equipment		2,321,291.	1,531,800.	789,491.
e Other		11,992,397.	7,441,186.	4,551,211.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,412,623.

Schedule D (Form 990) 2020



**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> (Col. (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> (Col. (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) PPP LOAN	581,119.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	581,119.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2020

**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.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

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.

PART X, LINE 2:

INCOME TAXES

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

(U.S. GAAP) REQUIRES THAT AN INCOME TAX POSITION BE RECOGNIZED OR

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

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. USO HAS DETERMINED

THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**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

**2020**Open to Public  
Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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
EAST ASIA AND THE PACIFIC	20	67	PROGRAM SERVICES	OP. OF USO CENTER	7,793,760.
EUROPE (INCLUDING ICELAND & GREENLAND)	18	78	PROGRAM SERVICES	OP. OF USO CENTER	6,260,016.
MIDDLE EAST AND NORTH AFRICA	12	42	PROGRAM SERVICES	OP. OF USO CENTER	6,423,544.
SOUTH ASIA	4	4	PROGRAM SERVICES	OP. OF USO CENTER	1,797,781.
<b>3 a Subtotal</b> .....	54	191			22,275,101.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	54	191			22,275,101.

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

Schedule F (Form 990) 2020

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 can be duplicated if additional space is needed.

[illegible]

**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) 2020

**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.

PART I, LINE 2:

ACTIVITIES OUTSIDE U.S.

FOREIGN ACTIVITIES OF THE USO INCLUDE THE FOLLOWING: PROVIDE TELEPHONE

CARDS AND ACCESS TO TELEPHONES, COMPUTER EQUIPMENT, AND INTERNET ACCESS

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.

PART I, LINE 3:

ACCOUNTING METHOD USED

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

**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 information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I**

**Fundraising Activities.**

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

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

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

2 a 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			
CDR FUNDRAISING GROUP - 16900 SCIENCE DR, STE 210, ANNE LEWIS STRATEGIES - 901 NEW YORK AVE NW, STE 470 E, THOMPSON HABIB & DENISON, INC. - 80 HAYDEN AVE, ORANGE ELEMENT DESIGN, LLC - PO BOX 170, BERWYN, PA 19312	DR MAIL PROGRAM		X	43,904,138.	740,193.	43,163,945.
SOCIAL CAPITAL - 980 N MICHIGAN AVE, STE 1610, AMPLIFIED NONPROFIT CONSULTING, LLC - 410 LAKE CANDELA CONTENT - 2919 HIGHLAND AVE, SACRAMENTO, CA STELTER COMPANY - 10435 NEW YORK AVE, DES MOINES, IA	DR ONLINE PROGRAM		X	12,502,995.	1,044,707.	11,458,288.
SYNERGY DIRECT MARKETING SOLUTIONS LLC - 480 W MICHAEL RUBIN & ASSOCIATES - 230 LINDEN AVE, ST LOUIS, MO	DR ONLINE PROGRAM		X	1,689,151.	298,374.	1,390,777.
	CONSULTING		X	0.	149,250.	-149,250.
	CONSULTING		X	0.	105,750.	-105,750.
	DR MAIL PROGRAM		X	0.	97,500.	-97,500.
	GRANT WRITING		X	0.	75,387.	-75,387.
	CONSULTING		X	0.	26,307.	-26,307.
	TELEMARK		X	0.	47,927.	-47,927.
	CONSULTING		X	0.	27,619.	-27,619.
<b>Total</b>				58,096,284.	2,613,014.	55,483,270.

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 STAR-SPANGLED SALUTE GALA (IL)	(b) Event #2 TRIBUTE CINCINNATI	(c) Other events 34	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	411,606.	131,508.	1,081,733.	1,624,847.
	2 Less: Contributions .....	411,606.	117,908.	988,719.	1,518,233.
	3 Gross income (line 1 minus line 2) .....		13,600.	93,014.	106,614.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	8,150.		129,723.	137,873.
	7 Food and beverages .....	2,708.	3,000.	35,211.	40,919.
	8 Entertainment .....	1,000.		5,350.	6,350.
	9 Other direct expenses .....	93,890.	2,647.	127,893.	224,430.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				409,572.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-302,958.	

**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 ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

**Part IV Supplemental Information.** Provide the explanations 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CDR FUNDRAISING GROUP

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DR, STE 210, BOWIE, MD 20715

(I) NAME OF FUNDRAISER: ANNE LEWIS STRATEGIES

(I) ADDRESS OF FUNDRAISER:

901 NEW YORK AVE NW, STE 470 E, WASHINGTON, DC 20001

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: THOMPSON HABIB & DENISON, INC.

(I) ADDRESS OF FUNDRAISER: 80 HAYDEN AVE, LEXINGTON, MA 02421

(I) NAME OF FUNDRAISER: ORANGE ELEMENT DESIGN, LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 170, BERWYN, PA 19312

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL

(I) ADDRESS OF FUNDRAISER: 980 N MICHIGAN AVE, STE 1610, CHICAGO, IL 60611

(I) NAME OF FUNDRAISER: AMPLIFIED NONPROFIT CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 410 LAKE FOREST RD, ROCHESTER HILLS, MI 48309

(I) NAME OF FUNDRAISER: CANDELA CONTENT

(I) ADDRESS OF FUNDRAISER: 2919 HIGHLAND AVE, SACRAMENTO, CA 95818

(I) NAME OF FUNDRAISER: STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVE, DES MOINES, IA 50322

(I) NAME OF FUNDRAISER: SYNERGY DIRECT MARKETING SOLUTIONS LLC

(I) ADDRESS OF FUNDRAISER: 480 W TUSCARAWAS AVE #307, BARBERTON, OH 44203

(I) NAME OF FUNDRAISER: MICHAEL RUBIN & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 230 LINDEN AVE, ST LOUIS, MO 44333

PART I, LINE 2B, COLUMN (V):

FEES OF \$790,865 REPORTED IN SCHEDULE G, PART 1 ARE ALLOCATED AS

PROGRAMMATIC CONSULTING EXPENSES IN PART IX STATEMENT OF FUNCTIONAL

EXPENSES AS A COMPONENT OF THE USO'S JOINT COST ALLOCATION.

**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

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
STRONGER FAMILIES 12015 115TH AVE NE KIRKLAND, WA 98034	94-3080306	501(C)(3)	347,140.	0.			PROGRAM SUPPORT
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS - 3033 WILSON BLVD - ARLINGTON, VA 22201	92-0152268	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
ARMY WAR COLLEGE FOUNDATION, INC. 122 FORBES AVE CARLISLE, PA 17013	23-2034407	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
USO METROPOLITAN WASHINGTON - BALTIMORE - 228 MCNAIR RD - FORT MYER, VA 22111	53-0204665	501(C)(3)	829,915.	0.			REVENUE SHARE / EVENT / CENTER SUPPORT
USO METROPOLITAN NEW YORK 1601 BROADWAY NEW YORK, NY 10019	13-2500122	501(C)(3)	758,092.	0.			REVENUE SHARE / EVENT / PROGRAM SUPPORT
USO NORTH CAROLINA PO BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)	151,300.	0.			REVENUE SHARE / PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **7.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

**Schedule I (Form 990) 2020**



**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 noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE U.S.

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

**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

**2020**

Open to Public  
Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

**Part I Questions Regarding Compensation**

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

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

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

Schedule J (Form 990) 2020



**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) DR. J.D. CROUCH, II PRESIDENT & CEO	(i)	547,827.	110,864.	1,782.	22,717.	25,282.	708,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PHILIP PARISI TREASURER / CFO (END 07/2020)	(i)	165,276.	68,800.	186,926.	180,482.	20,826.	622,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA ANASTASI CDMO	(i)	348,957.	58,600.	1,770.	25,405.	30,355.	465,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALAN REYES COO	(i)	341,608.	53,900.	2,121.	25,650.	31,537.	454,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMMY HEISER SECRETARY / SVP, HUMAN RESOURCES	(i)	258,284.	43,400.	2,121.	24,661.	26,938.	355,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTINE SHUMACK TREASURER / CFO (BEG 10/2020)	(i)	229,440.	27,900.	1,865.	21,792.	29,090.	310,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VIRGINIA JOHNSON SVP, GOVT REL AND EXT AFFAIRS	(i)	218,010.	27,500.	1,618.	19,240.	29,902.	296,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALISON RUBLE REGIONAL PRESIDENT (MIDWEST)	(i)	237,258.	16,000.	1,139.	22,248.	12,101.	288,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GARY COLE REGIONAL PRESIDENT (CENTRAL)	(i)	229,239.	20,600.	577.	17,828.	17,575.	285,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT KURKJIAN REGIONAL PRESIDENT (WEST)	(i)	256,820.	0.	581.	17,571.	10,232.	285,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHARLES HYDE REGIONAL VP, OPERATIONS (PACIFIC)	(i)	186,100.	12,000.	36,800.	16,351.	2,096.	253,347.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BRIAN COOK VP, DIRECT RESPONSE	(i)	214,375.	12,725.	341.	15,897.	2,603.	245,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHRISTOPHER PLAMP SVP, OPS, PROGRAMS & ENTERTAINMENT	(i)	190,413.	0.	25,908.	16,771.	5,197.	238,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

HOUSING ALLOWANCES AND RESIDENCES FOR PERSONAL USE OF \$36,000 WERE PROVIDED

TO CHARLES HYDE DUE TO HIS ROLE AS REGIONAL OFFICE LEADERSHIP FOR USO

OPERATIONS IN THE PACIFIC.

THESE ALLOWANCES WERE INCLUDED AS TAXABLE COMPENSATION IN HIS 2020 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 IRS

REGULATIONS.

PART I, LINE 4A:

SEVERANCE PAYMENT

**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.

SEVERANCE IN THE AMOUNT OF \$321,860 WAS REPORTED FOR PHILIP PARISI DUE TO  
HIS DEPARTURE IN THE ROLE OF TREASURER / CHIEF FINANCIAL OFFICER. SEVERANCE  
WAS PAID IN TWO INSTALLMENTS. HALF WAS PAID DURING 2020 AND INCLUDED IN  
OTHER REPORTABLE COMPENSATION FIGURES REPORTED ON SCHEDULE J, PART II,  
COLUMN B(III). THE OTHER HALF WILL BE PAID DURING 2021 AND INCLUDED IN  
DEFERRED COMPENSATION FIGURES REPORTED ON SCHEDULE J, PART II, COLUMN C.

PART I, LINE 7:

NON-FIXED PAYMENTS

THE AMOUNTS SHOWN IN PART II, COLUMN B(II) FOR THE OFFICERS, KEY EMPLOYEES  
AND HIGHLY COMPENSATED EMPLOYEES WERE PAID BASED ON THE 2019 ACHIEVEMENT OF  
ORGANIZATION GOALS AND INDIVIDUAL CONTRIBUTIONS AND ACCOMPLISHMENTS. THE  
BONUS COMPENSATION WAS BASED ON A BONUS PLAN REVIEWED BY THE USO'S  
COMPENSATION COMMITTEE AND EXECUTIVE COMMITTEE AND APPROVED BY THE USO'S  
BOARD OF GOVERNORS. THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE  
PRESIDENT & CEO IS DETERMINED AND APPROVED BY THE USO'S BOARD OF GOVERNORS.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **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.**

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		25,447.	COST
5 Clothing and household goods .....	X		7,267,655.	COST
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	81	731,891.	FMV
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	1,321	5,309,672.	COST
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( NON CASH NET ) .....	X	4	1,969,704.	FMV
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 V, Donee Acknowledgement .....

29

1

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

**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.

SCHEDULE M, PART I, COLUMN (B):

## NONCASH CONTRIBUTIONS

THE USO OVERSEES THE OPERATIONS AND ACTIVITIES FOR THE CHARTERED CENTERS TO FACILITATE STRATEGIC ALIGNMENT, DELIVER ON THE OVERARCHING MISSION-WIDE STRATEGIC OBJECTIVES, AND TO ENSURE COVERAGE FOR ALL GEOGRAPHIC SERVICE AREAS. DURING THE YEAR ENDED DECEMBER 31, 2020, THE USO EXECUTED MERGER AGREEMENTS WITH FOUR OF THESE CHARTERED CENTERS TO CREATE A UNIFIED USO. THE ACQUISITION OF THOSE CENTERS IS REPORTED AS A CONTRIBUTION TO USO, WHICH INCLUDED SIGNIFICANT NONCASH ASSETS. USO REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

## THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

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

**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.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONNECTED TO FAMILY, HOME AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE  
NATION.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

USO CENTERS

THE USO PROVIDES PROGRAMS, ENTERTAINMENT AND SERVICES AT MORE THAN 250

LOCATIONS WORLDWIDE. 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, JORDAN, KOREA, KUWAIT, POLAND, QATAR, SAUDI ARABIA, 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 2020 USO LOGGED MORE THAN 7.4 MILLION SERVICE INSTANCES (INCLUDING

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 2020, THE USO CELEBRATED THE OPENING OF SEVERAL NEW LOCATIONS

INCLUDING NEW LONDON, CONNECTICUT; NAVAL BASE GUAM, GUAM; FORT SHAFTER,

HAWAII; LOUISVILLE MUHAMMAD ALI INTERNATIONAL AIRPORT, KENTUCKY; NEW

ORLEANS MEPS, LOUISIANA; RICKENBACKER AIR NATIONAL GUARD BASE, OHIO;

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	<b>Employer identification number</b> 13-1610451
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EASTERN EUROPE EXPEDITIONARY VEHICLE, POLAND; PRINCE SULTAN AIR FORCE

BASE, SAUDI ARABIA; AND SOUTHEAST MOBILE SPRINTER, UNITED STATES. IN

ADDITION TO THESE CENTERS, THE USO RENOVATED SASEBO NIMITZ PARK, JAPAN;

CAMP WALKER, KOREA; OSAN AIR BASE, KOREA; TUMON BAY, GUAM; SASEBO FLEET

LANDING, JAPAN; CAMP KINSER, OKINAWA; SAN FRANCISCO INTERNATIONAL

AIRPORT, CALIFORNIA; FORT HOOD, TEXAS; POHAKULOA TRAINING AREA, HAWAII;

MILWAUKEE INTERNATIONAL AIRPORT, WISCONSIN; AND WRIGHT-PATTERSON AIR

FORCE BASE, OHIO. IN 2020, USO CENTERS AT Q-WEST, IRAQ; AL TAQADDUM AIR

BASE, IRAQ; OB FENTY, AFGHANISTAN; BAGRAM EAST, AFGHANISTAN; KANDAHAR,

AFGHANISTAN; AND HANSCOM AIR BASE, MASSACHUSETTS CLOSED THEIR DOORS.

THE USO HAS THREE LOCATIONS THAT PRIMARILY SERVE WOUNDED, ILL AND

INJURED SERVICE MEMBERS, THEIR FAMILIES AND CAREGIVERS. OPENED IN 2008,

THE USO WARRIOR CENTER AT LANDSTUHL REGIONAL MEDICAL CENTER (LRMC) IN

GERMANY PROVIDES A HOME AWAY FROM HOME FOR WOUNDED SERVICE MEMBERS,

MANY OF WHOM VISIT MULTIPLE TIMES DAILY BETWEEN MEDICAL APPOINTMENTS. A

WIDE SPECTRUM OF PROGRAMS AND ACTIVITIES ARE ALWAYS AVAILABLE,

INCLUDING HOME-COOKED MEALS AND FAMILY-STYLE COOKOUTS. THE TWO

ADDITIONAL LOCATIONS OPERATE NEAR WASHINGTON, D.C.: THE USO WARRIOR AND

FAMILY CENTER AT NAVAL SUPPORT ACTIVITY BETHESDA IN MARYLAND AND THE

USO WARRIOR AND FAMILY CENTER AT FORT BELVOIR, VIRGINIA. THE FACILITIES

OFFER A COMPREHENSIVE ARRAY OF SPECIALIZED SERVICES AND PROGRAMS IN A

SUPPORTIVE, HOME-LIKE SETTING. CREATED FOR OUR NATION'S HEALING HEROES

AND THEIR FAMILIES, THE CENTERS FEATURE CLASSROOMS, SPORTS LOUNGES,

COMMUNAL KITCHEN AND EATING AREAS, BUSINESS CENTERS, HEALING GARDENS

AND MORE. FURTHER SUPPORT IS ALSO PROVIDED IN OTHER KEY MILITARY

HOSPITALS IN THE U.S., SUCH AS OUTREACH DINNERS TO BUILD BONDS WITH

FAMILIES AND RECOVERING SERVICE MEMBERS AT BROOKE ARMY MEDICAL CENTER

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IN SAN ANTONIO, TEXAS. USO ALSO OFFERS SERVICE MEMBERS SUPPORT THROUGH ITS MOBILE VEHICLE UNITS. THESE LARGE MOBILE UNITS 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 CENTER AND SUPPORT COMMUNITIES IN TIMES OF CRISIS. IN ADDITION TO SUPPORTING TRAINING EXERCISES AND BRINGING USO SERVICES TO NEARBY INSTALLATIONS, MOBILE UNITS ALSO DEPLOY TO SUPPORT OUR SERVICE MEMBERS IN THE EVENT OF A LOCAL OR NATIONAL EMERGENCY, SUCH AS HURRICANES OR WILDFIRES. DURING 2020, THESE MOBILE UNITS SUPPORTED THE NATIONAL GUARD ACROSS 25 STATES DURING THE 2020 COVID-19 PANDEMIC.

USO IS IN THE PROCESS OF REGIONALIZING OPERATIONS IN THE CONTINENTAL UNITED STATES, WITH THE GOAL OF UNIFYING THE ORGANIZATION TO EXPAND PROGRAM DELIVERY, MAXIMIZE FUNDRAISING POTENTIAL, AND INCREASE ORGANIZATIONAL STRENGTH. THIS EFFORT CONTINUED IN 2020 WITH THE ESTABLISHMENT OF NEW REGIONAL TEAMS AND THE EXECUTION OF MERGER AGREEMENTS WITH CHARTERED AFFILIATE USO ENTITIES.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

PUBLIC AWARENESS AND OUTREACH

THE USO'S MARKETING & COMMUNICATIONS 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 2020, 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



Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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THE THINGS THAT THEY HOLD DEAR AND DEMONSTRATE APPRECIATION OF THOSE

WHO SELFLESSLY SERVE OUR NATION. ADDITIONALLY, WE INTRODUCED A HOLIDAY

VERSION OF THE PROGRAM IN THE FOURTH QUARTER. THE MULTI-CHANNEL

CAMPAIGN GENERATED NEARLY 300 MILLION PUBLIC SERVICE ANNOUNCEMENT

IMPRESSIONS, 74.5 MILLION SOCIAL MEDIA IMPRESSIONS, AND 26.3 BILLION

EARNED MEDIA IMPRESSIONS. THROUGH ITS WEBSITE AND MAIL, THE USO

COLLECTED MORE THAN 6.9 MILLION MESSAGES OF APPRECIATION FROM THE

AMERICAN PUBLIC WHICH ARE BEING DISTRIBUTED OR DISPLAYED AT USO

LOCATIONS ACROSS THE GLOBE.

FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:

EXPEDITIONARY AND MILITARY FAMILY PROGRAMS

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

THE USO DISTRIBUTED 282 KITS OF ELECTRONIC GAMING, SPORTS EQUIPMENT,

BOARD GAMES, MOVIES AND PERSONAL CARE ITEMS TO DEPLOYED SERVICE MEMBERS

IN REMOTE LOCATIONS IN 2020. THE USO CARE PACKAGE PROGRAM DISTRIBUTED

MORE THAN 200,000 SNACK OR TOILETRY PACKS TO SERVICE MEMBERS ACROSS THE

GLOBE.

OPERATION PHONE HOME

THE USO PROVIDED A PRIVATE PHONE NETWORK THAT ALLOWED SERVICE MEMBERS

TO MAKE FREE CALLS HOME, COMPUTERS WITH HIGH-SPEED INTERNET BANDWIDTH

AND FREE INTERNET ACCESS FOR SERVICE MEMBERS' OWN COMPUTERS TO ALLOW

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

SERVICE MEMBERS TO CONNECT WITH THEIR FAMILIES. IN SOUTHWEST ASIA

ALONE, MORE THAN 1 MILLION MINUTES WERE LOGGED IN FREE TALK TIME AND

APPROXIMATELY 230,000 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 VIRTUAL BABY SHOWERS SERVING MORE THAN 1,000 MILITARY SPOUSES

AND EXPECTANT ACTIVE-DUTY PARENTS FOR MILITARY MOMS-TO-BE AROUND THE

GLOBE IN 2020. THE USO ALSO CONNECTS MILITARY PARENTS WITH THEIR

CHILDREN BACK HOME BY HOSTING THE USO BOB HOPE LEGACY READING PROGRAM

AT SELECT USO CENTERS WORLDWIDE THAT ALLOWS SERVICE MEMBERS TO RECORD

THEMSELVES READING A STORY ALOUD TO THEIR CHILD, WHICH THE USO THEN

MAILS BACK HOME. DURING 2020, THE USO CONNECTED MILITARY FAMILIES

THROUGH OVER 17,000 STORY TIME RECORDINGS SHARED AROUND THE WORLD.

THE USO ALSO EXECUTED ROUGHLY 400 COFFEE CONNECTIONS, WHICH HELPED

CONNECT MILITARY SPOUSES TO THEIR LOCAL COMMUNITY, SOCIAL AND

PROFESSIONAL NETWORKS. DURING 2020, THE USO HAD NEARLY 8,000 MILITARY

SPOUSES PARTICIPATE IN THESE EVENTS. MOST USO SPOUSE SUPPORT PROGRAMS

WERE OFFERED IN A VIRTUAL SETTING THROUGH 2020.

#### 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 2020, OVER 4,700 MILITARY ATTENDEES

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BENEFITTED FROM 123 OXYGEN LIVE LEARNING EVENTS HELD ACROSS THE COUNTRY  
AND THROUGH ONLINE LEARNING EVENTS.

THE USO HAS TEAMED UP WITH BRITTANY BOCCHER, THE 2017 MILITARY SPOUSE  
OF THE YEAR, TO LAUNCH A SERIES OF WORKSHOPS AROUND THE WORLD. THESE  
THREE-HOUR WORKSHOPS, LED BY MRS. BOCCHER AND HOSTED AT A USO CENTER,  
ALLOW SPOUSES TO FIND THEIR PASSION AND PURPOSE AND TO APPROACH LIFE'S  
CHALLENGES WITH A MORE POSITIVE AND PROACTIVE OUTLOOK. THROUGH OUR  
RESEARCH CONDUCTED IN 2018, THE BACKBONE OF OUR MILITARY, WE FOUND THAT  
SPOUSES AROUND THE WORLD FELT A FEELING OF LOSS, UNCERTAIN IDENTITY AND  
A LACK OF PURPOSE CAUSED BY THE RIGORS OF MILITARY LIFE. THIS WORKSHOP  
HELPS FILL THAT GAP WITH THE DETERMINATION OF EMPOWERING, ENCOURAGING  
AND INSPIRING MILITARY SPOUSES TO FIND THEIR IDENTITIES AND LIVE THEIR  
LIVES WITH PURPOSE. IN 2020, THESE WORKSHOPS WERE OFFERED BOTH IN  
PERSON AND VIRTUALLY, REACHING MORE THAN 500 SPOUSES AROUND THE WORLD.

#### FAMILIES OF THE FALLEN

THE USO HAS SUPPORTED EVERY DIGNIFIED TRANSFER AT DOVER AIR FORCE BASE  
SINCE MARCH 1991. THE USO 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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ENTERTAINMENT TOURS

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USO ENTERTAINMENT TOURS FEATURE CELEBRITIES, PERFORMERS AND ENGAGING SHOWS TO KEEP SERVICE MEMBERS AND MILITARY FAMILY MEMBERS CONNECTED TO FAMILY, HOME AND COUNTRY. THE USO DELIVERED LIVE (TO TAPE) MUSIC PERFORMANCES STREAMED SIMULTANEOUSLY OVER USO DIGITAL PLATFORMS IN A SPECIAL FOUR-PART MUSIC SERIES TO SERVICE MEMBERS AND THE MILITARY SUPPORT COMMUNITY, GARNERING OVER 745 THOUSAND UNIQUE VIEWS. IN 2020, THE USO LAUNCHED THE USO MILITARY VIRTUAL PROGRAMMING (MVP) SERIES, ITS FIRST DIGITAL SERIES. THE USO MVP SERIES HAS FEATURED OVER 100 CELEBRITIES JOINING 31,000 MILITARY PARTICIPANTS ACROSS 49 STATES, 25 COUNTRIES AND THREE SHIPS AT SEA, AND FEATURED 68 MILITARY LOCATIONS LIVE.

#### USO PATHFINDER TRANSITION PROGRAM

THE USO PATHFINDER TRANSITION PROGRAM EXTENDS THE USO EXPERIENCE TO ACTIVE DUTY, RESERVE, NATIONAL GUARD AND MILITARY SPOUSES AT ANY POINT IN THEIR CAREER AND EDUCATES THEM ON PROFESSIONAL SERVICES AVAILABLE TO THEM TO BETTER PREPARE THEM 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 TO THE NEXT.

THE USO PATHFINDER TRANSITION PROGRAM WORKS WITH STRATEGIC PARTNERS TO CONNECT SERVICE MEMBERS AND MILITARY SPOUSES TO RESOURCES WITHIN THESE FOCUS AREAS: EMPLOYMENT, EDUCATION, FINANCIAL WELLNESS, MENTORSHIP AND INCREASED ACCESS TO RELEVANT VETERAN RESOURCES IN THEIR COMMUNITIES WHEN SEPARATION FROM SERVICE OCCURS.

BY LEVERAGING OUR UNIQUE POSITION OF HAVING USO LOCATIONS ACROSS THE

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GLOBE, THE USO IS ABLE TO ENGAGE WITH TRANSITION-FOCUSED PROGRAMMING

EARLIER IN THE SERVICE MEMBERS' CAREER, RESULTING IN HIGHER EDUCATED,

MORE FINANCIALLY STABLE, AND BETTER-CONNECTED SERVICE MEMBERS AND

MILITARY SPOUSES.

THROUGH THE CREATION OF AN INDIVIDUALIZED ACTION PLAN, TRANSITION

SPECIALISTS COLLABORATE WITH INDIVIDUALS TO IDENTIFY THEIR PERSONAL AND

PROFESSIONAL GOALS AND BUILD A ROADMAP TO ACHIEVING THOSE GOALS,

IDENTIFYING SERVICES AND RESOURCES THAT ARE THE BEST FIT FOR THEIR

NEEDS AND GEOGRAPHIC LOCATION. USO PATHFINDER TRANSITION PROGRAM ALSO

OFFERS OPPORTUNITIES FOR SERVICE MEMBERS AND MILITARY SPOUSES TO LEARN

RELEVANT AND VALUABLE INFORMATION AS THEY OVERCOME THE CHALLENGES THAT

TRANSITIONS CAN CREATE THROUGH VARIOUS PROGRAMMING.

SINCE THE PROGRAM'S INCEPTION IN 2015, MORE THAN 45,000 ACTION PLANS

HAVE BEEN COMPLETED, WITH 7,500 BEING COMPLETED IN 2020. USO TRANSITION

SPECIALISTS ARE AVAILABLE TO SUPPORT SERVICE MEMBERS AND MILITARY

SPOUSES, REGARDLESS OF THEIR LOCATION.

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. DURING 2020, THE USO TRANSITION PROGRAMMING

SUPPORTED APPROXIMATELY 26,000 PROGRAM PARTICIPANTS THROUGH PROGRAMS

SUPPORTING EMPLOYMENT, FINANCIAL READINESS, AND EDUCATION NEEDS, AS

WELL AS HOME BUYING AND VA HOME LOAN WORKSHOPS.

EXPENSES \$ 7,298,986. INCLUDING GRANTS OF \$ 205,745. REVENUE \$ 0.

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FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ITALY, JAPAN, SOUTH KOREA, UNITED ARAB EMIRATES

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

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 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.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS

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

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
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PRESIDENT'S INCUMBENCY, MAY SERVE ON THE BOARD OF GOVERNORS.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS OF REVIEWING FORM 990

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 AND AUGUST 2021. MEETING MINUTES REFLECT THE REVIEW AND DISCUSSION

OF THE IRS FORM 990 AT THE AUDIT COMMITTEE MEETING HELD IN JULY 2021. AN

OUTSIDE ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRES UNITED SERVICE

ORGANIZATIONS, INC.'S GOVERNORS, OFFICERS, AND OTHER EMPLOYEES TO AVOID ANY

SITUATION WHICH MAY CONSTITUTE A CONFLICT OF INTEREST, THAT IS, ANY

SITUATION WHICH AN INDIVIDUAL USES OR COULD USE HIS OR HER POSITION WITH

THE UNITED SERVICE ORGANIZATIONS, INC. FOR PERSONAL GAIN TO AN INDIVIDUAL,

MEMBERS OF THE INDIVIDUAL'S FAMILY, OR OTHER ORGANIZATIONS WITH WHOM THE

INDIVIDUAL IS AFFILIATED, TO THE ACTUAL OR POTENTIAL DETRIMENT OF THE USO.

THE BOARD OF GOVERNORS HAS ESTABLISHED A POLICY WITH REFERENCE TO CONFLICTS

OF INTEREST APPLICABLE TO THE BOARD OF GOVERNORS. DISCLOSURE OF POTENTIAL

CONFLICTS ARE REVIEWED BY CEO, CFO AND OUTSIDE COUNSEL. ANY INDIVIDUALS

THAT HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM DELIBERATIONS AND

VOTING ON A TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

THE COMPENSATION IS ESTABLISHED BY THE UNITED SERVICE ORGANIZATIONS, INC.

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

& EXTERNAL RELATIONS, SVP HR, SVP OPERATIONS, PROGRAMS, ENTERTAINMENT, AND

REGIONAL PRESIDENTS. THE LAST REVIEW WAS PERFORMED IN 2020 FOR ALL

POSITIONS LISTED AND ALL POSITIONS' COMPENSATION WAS FOUND TO BE WITHIN THE

RANGE FOR COMPARABLE EXECUTIVES AT COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, GU, HI, IL, KY, LA, MA, MI, MN, NJ, NM, NV, PA, SC, TN, VA, WA

FORM 990, PART VI, SECTION C, LINE 19:

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USO WEBSITE. THE GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON

REQUEST.

FORM 990, PART IX, LINE 26:

JOINT COST ACTIVITY DISCLOSURE

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



Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

MESSAGES RECEIVED FROM THE PUBLIC THROUGH THESE ACTIVITIES ARE DISPLAYED

AND DISTRIBUTED AT USO LOCATIONS AROUND THE GLOBE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT WRITTEN OFF

-562,005.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT

USO'S OVERSIGHT OVER AUDIT PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**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

**2020**

**Open to Public  
Inspection**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

(a) Name, address, and EIN (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

**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
USO FOUNDATION - 20-8861567 2111 WILSON BLVD., SUITE 1200 ARLINGTON, VA 22201	CHARITABLE	VIRGINIA	501(C)(3)	LINE 12A, I	USO, INC.	X	

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

Schedule R (Form 990) 2020



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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<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)			
(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.

[illegible]

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