Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.*

OMB No. 1545-1878

2016

Name of exempt organization: UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number: 13-1610451

Name and title of officer: PHILIP PARISI, TREASURER AND 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,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** 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 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	**1b**	141166139.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5).	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP (ERO firm name) to enter my PIN 2 6 2 3 2 (Enter five numbers, but do not enter all zeros) as my signature

on the organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

Officer's signature ▶ P. Parisi Date ▶ 5/16/2017

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. 5 4 6 8 1 4 3 6 6 0 5 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization 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 ▶ Mary O'Loughlin Date ▶ 05/16/2017

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

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial 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

D Employer identification number: 13-1610451

E Telephone number: (703) 908-6400

G Gross receipts $ 156,795,175.

F Name and address of principal officer: J.D. CROUCH, II
2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201

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)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP://WWW.USO.ORG

H(c) Group exemption number ▶ 1291

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1941 **M** State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE USO STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME, AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE NATION.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	29.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	578.
6	Total number of volunteers (estimate if necessary)	6	10,351.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	80,025.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,620.

COPY FOR PUBLIC INSPECTION

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	121,592,891.	136,961,382.
	9	Program service revenue (Part VIII, line 2g)	3,978,920.	4,337,753.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,671,835.	508,293.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-599,427.	-641,289.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,644,219.	141,166,139.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,983,682.	10,864,223.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,910,786.	40,757,732.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,062,302.	1,855,311.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,470,581.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,108,071.	75,985,115.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	131,064,841.	129,462,381.
	19	Revenue less expenses. Subtract line 18 from line 12	-4,420,622.	11,703,758.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	75,071,980.	88,905,044.
	21	Total liabilities (Part X, line 26)	10,590,343.	12,868,806.
	22	Net assets or fund balances. Subtract line 21 from line 20	64,481,637.	76,036,238.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 05/16/2017

▶ PHILIP PARISI TREASURER AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARY TORRETTA	Mary Torretta	05/16/2017		P00847851

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 1000 WILSON BLVD, SUITE 1400 ARLINGTON, VA 22209 — Phone no. 703-847-7500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

JSA
6E1065 1.000
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Form **8868**
(Rev. January 2017)
Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

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/efile*, click on Charities & Non-Profits, and click on *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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number (EIN) or 13-1610451
	Number, street, and room or suite no. If a P.O. box, see instructions. 2111 WILSON BLVD #1200	Social security number (SSN)
	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

- The books are in the care of ▶ KRISTINE SHUMACK,VP-CONTROLLER 2111 WILSON BLVD, STE 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) 1291 . 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15 , 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 16 or
▶ ☐ tax year beginning _____, 20 _ _, and ending _____, 20 _ _.

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

3a	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.	**3a**	$ 0.
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.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
THE UNITED SERVICE ORGANIZATIONS, INC. ("USO") STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME, AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE NATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . [ ] **Yes** [X] **No**
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** [X] **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 $ 47,626,631. including grants of $ 3,501,404.) (Revenue $ 4,337,752.)
USO CENTERS - SEE SCHEDULE O.

4b (Code: _____) (Expenses $ 20,510,542. including grants of $ 0.) (Revenue $ 0.)
PUBLIC AWARENESS AND OUTREACH - SEE SCHEDULE O.

4c (Code: _____) (Expenses $ 13,452,538. including grants of $ 3,209,772.) (Revenue $ 0.)
WARRIOR AND FAMILY PROGRAMMING - SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.)
(Expenses $ 11,291,862. including grants of $ 4,153,047.) (Revenue $ 0.)

4e Total program service expenses ▶ 92,881,573.

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	286		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	4		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	578			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
7a	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	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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	
11a	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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
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).			
16a	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	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 ▶ ATTACHMENT 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
KRISTINE SHUMACK,VP-CONTROLLER 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22 703-908-6400

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) J.D. CROUCH, II	50.00									
PRESIDENT/CEO	0.	X		X				503,316.	0.	46,764.
(2) GEN. GEORGE CASEY	2.00									
CHAIRMAN / DIRECTOR	0.	X		X				0.	0.	0.
(3) JED BECKER	2.00									
DIRECTOR	2.00	X						0.	0.	0.
(4) ORLAN BOSTON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(5) RAYMOND CALDIERO	2.00									
DIRECTOR	0.	X						0.	0.	0.
(6) TOM R. DEL VALLE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) JANICE K. EMMERT	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) DAWN HALFAKER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) JAMES HAMILTON	2.00									
DIRECTOR	0.	X						0.	0.	0.
(10) MARILYNN A. HEWSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) DR. MAYNARD HOWE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) CURT KOLCUN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) DEBRA LANGFORD	2.00									
DIRECTOR	0.	X						0.	0.	0.
(14) ROBIN LINEBERGER	2.00									
DIRECTOR	0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) WILLIAM J. LYNN, III	1.00									
DIRECTOR	0.	X						0.	0.	0.
(16) DAVID H. MCCORMICK	1.00									
DIRECTOR	0.	X						0.	0.	0.
(17) LISA BORIN OGDEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(18) MICHAEL H. O'SHEA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(19) BEATRIZ R. PEREZ	1.00									
DIRECTOR	0.	X						0.	0.	0.
(20) MICHAEL PHELPS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(21) KENNETH O. PRESTON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(22) LT. GEN. HARRY RADUEGE JR.(RET	2.00									
DIRECTOR	0.	X						0.	0.	0.
(23) EDWARD T. REILLY	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(24) KARL-HEINZ STAHL	1.00									
DIRECTOR	0.	X						0.	0.	0.
(25) JOHN SUTTLE	1.00									
DIRECTOR	0.	X						0.	0.	0.
1b Sub-total . . . . . ▶								503,316.	0.	46,764.
c Total from continuation sheets to Part VII, Section A . . . . . ▶								2,264,762.	0.	302,034.
d Total (add lines 1b and 1c) . . . . . ▶								2,768,078.	0.	348,798.

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 ▶ 67

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 49

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(26) SUE TIMKEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(27) THOMAS E. VICE	2.00									
DIRECTOR	1.00	X						0.	0.	0.
(28) GREGG WARD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(29) LOUIS A. WEIL	1.00									
DIRECTOR	0.	X						0.	0.	0.
(30) TAMMY HEISER	50.00									
SVP, HUMAN RESOURCES/SECRETARY	0.			X				231,824.	0.	41,160.
(31) PHILIP PARISI	48.00									
TREASURER/ CFO	2.00			X				277,325.	0.	46,978.
(32) LISA ANASTASI	50.00									
CHIEF DEVELOPMENT OFFICER	0.				X			288,569.	0.	41,840.
(33) PAUL ALLVIN	50.00									
SVP, BRAND ADVANCEMENT	0.				X			242,024.	0.	28,295.
(34) ALAN REYES	50.00									
SVP, OPERATIONS & PROGRAMS	0.				X			260,408.	0.	48,843.
(35) BRUCE BURDA	40.00									
REGIONAL VP, OPERATIONS SWA	0.					X		202,206.	0.	18,700.
(36) CHARLES HYDE	40.00									
REGIONAL VP, OPERATIONS PAC	0.					X		198,694.	0.	15,205.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 67

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(37) ELI HERTZ	40.00									
VP, INFORMATION TECHNOLOGY	0.					X		189,876.	0.	21,209.
(38) RACHEL TISCHLER	40.00									
VP, ENTERTAINMENT OPS	0.					X		187,764.	0.	23,130.
(39) GLENN WELLING	40.00									
VP, CHARTERED CTR OPS	0.					X		186,072.	0.	16,674.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 67

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,200,924.				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,908,106.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 21,996,694.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 111,855,658.				
	g	Noncash contributions included in lines 1a-1f: $ 7,767,855.					
	h	**Total.** Add lines 1a-1f ▶		136,961,382.			
Program Service Revenue			**Business Code**				
	2a	USO CENTER	900099	4,262,728.	4,262,728.		
	b	PUBLICATIONS ADVERTISING	541800	75,025.		75,025.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		4,337,753.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		548,575.			548,575.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,587,035. / 135,456.				
	b	Less: cost or other basis and sales expenses	13,760,021. / 2,752.				
	c	Gain or (loss)	-172,986. / 132,704.				
	d	Net gain or (loss) ▶		-40,282.			-40,282.
	8a	Gross income from fundraising events (not including $ 1,908,106. of contributions reported on line 1c). See Part IV, line 18	a 564,766.				
	b	Less: direct expenses	b 1,694,441.				
	c	Net income or (loss) from fundraising events ▶		-1,129,675.			-1,129,675.
	9a	Gross income from gaming activities. See Part IV, line 19	a 312,909.				
	b	Less: direct expenses	b 61,120.				
	c	Net income or (loss) from gaming activities ▶		251,789.			251,789.
	10a	Gross sales of inventory, less returns and allowances	a 119,359.				
	b	Less: cost of goods sold	b 110,702.				
	c	Net income or (loss) from sales of inventory ▶		8,657.			8,657.
		Miscellaneous Revenue	**Business Code**				
	11a	USAA MARKETING SERVICES	900099	5,000.		5,000.	
	b	MISCELLANEOUS INCOME	900099	222,940.			222,940.
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		227,940.			
	12	**Total revenue.** See instructions. ▶		141,166,139.	4,262,728.	80,025.	-137,996.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,864,223.	10,864,223.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,141,789.	992,566.	725,038.	424,185.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	31,139,058.	24,430,442.	3,394,220.	3,314,396.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,046,063.	1,573,444.	244,272.	228,347.
9 Other employee benefits	3,029,291.	2,350,596.	389,398.	289,297.
10 Payroll taxes	2,401,531.	1,930,847.	234,468.	236,216.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	766,484.	394,026.	236,971.	135,487.
c Accounting	190,822.		190,822.	
d Lobbying	180,000.	180,000.		
e Professional fundraising services. See Part IV, line 17	1,855,311.			1,855,311.
f Investment management fees	8,119.		8,119.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,082,923.	5,121,070.	1,755,763.	206,090.
12 Advertising and promotion	2,169,038.	1,936,115.		232,923.
13 Office expenses	12,757,665.	6,850,195.	2,688,675.	3,218,795.
14 Information technology	3,662,283.	3,342,453.	121,006.	198,824.
15 Royalties	0.			
16 Occupancy	1,545,330.	864,842.	342,169.	338,319.
17 Travel	4,834,038.	4,224,011.	163,846.	446,181.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	513,682.	410,249.	66,076.	37,357.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,119,559.	2,038,919.	46,080.	34,560.
23 Insurance	353,615.	252,333.	54,370.	46,912.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PRODUCTION	19,496,944.	6,233,900.	3,241,224.	10,021,820.
b PROGRAM SUPPLIES / SUPPORT	18,563,726.	18,030,766.		532,960.
c RENTAL AND MAINTENANCE	555,164.	528,085.	15,474.	11,605.
d SUBSCRIPTION, DUES, TRAINING	434,677.	216,437.	73,101.	145,139.
e All other expenses	751,046.	116,054.	119,135.	515,857.
25 **Total functional expenses.** Add lines 1 through 24e	129,462,381.	92,881,573.	14,110,227.	22,470,581.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [X] if following SOP 98-2 (ASC 958-720)	31,658,872.	11,260,470.	6,653,452.	13,744,950.

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
Assets	1	Cash - non-interest-bearing	4,709,469.	1	5,815,917.
	2	Savings and temporary cash investments	24,854,740.	2	22,476,638.
	3	Pledges and grants receivable, net	12,623,714.	3	22,542,861.
	4	Accounts receivable, net	491,250.	4	374,134.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	3,762,059.	8	3,178,561.
	9	Prepaid expenses and deferred charges	2,249,556.	9	2,084,216.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 24,175,494.			
	b	Less: accumulated depreciation — 10b 18,506,844.	4,914,736.	10c	5,668,650.
	11	Investments - publicly traded securities	21,466,456.	11	26,764,067.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	75,071,980.	16	88,905,044.
Liabilities	17	Accounts payable and accrued expenses	8,584,789.	17	11,302,495.
	18	Grants payable	1,912,450.	18	1,508,805.
	19	Deferred revenue	93,104.	19	57,506.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	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.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	10,590,343.	26	12,868,806.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	53,502,306.	27	59,364,062.
	28	Temporarily restricted net assets	10,954,331.	28	15,997,176.
	29	Permanently restricted net assets	25,000.	29	675,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	64,481,637.	33	76,036,238.
	34	Total liabilities and net assets/fund balances	75,071,980.	34	88,905,044.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,166,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,462,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,703,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,481,637.
5	Net unrealized gains (losses) on investments	5	-149,157.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,036,238.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2016
Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b [ ] **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations . . . . . [ ]
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,866,183.	132,388,379.	125,940,710.	121,592,891.	136,961,382.	641,749,545.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	124,866,183.	132,388,379.	125,940,710.	121,592,891.	136,961,382.	641,749,545.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4.						641,749,545.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	124,866,183.	132,388,379.	125,940,710.	121,592,891.	136,961,382.	641,749,545.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296,671.	298,111.	349,659.	676,821.	548,575.	2,169,837.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			2,887.			2,887.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	67,941.	-710,722.	-614,216.	-609,597.	-654,945.	-2,521,539.
11 **Total support.** Add lines 7 through 10						641,400,730.

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 18,791,508.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . **14** 100.00 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . **15** 99.88 %

16a **33 1/3 % support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☒

b **33 1/3 % support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ ☐

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	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))? *If "Yes," provide detail in **Part VI.***	9a		
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? *If "Yes," provide detail in **Part VI.***	9b		
c	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? *If "Yes," provide detail in **Part VI.***	9c		
10a	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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	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* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
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* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	**1d**		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 Minimum Asset Amount (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2017**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISC INCOME	67,941.	67,133.	79,934.	100,973.	222,941.	538,922.
FUNDRAISING & GAMING EVENTS		-777,855.	-694,150.	-710,570.	-877,886.	-3,060,461.
TOTALS	67,941.	-710,722.	-614,216.	-609,597.	-654,945.	-2,521,539.

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

OMB No. 1545-0047

2016

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number 13-1610451

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 21,996,694.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number 13-1610451

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

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

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

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

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

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

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

Name of organization UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number 13-1610451

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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

(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

(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

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

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

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	180,000.	
c Total lobbying expenditures (add lines 1a and 1b)	180,000.	
d Other exempt purpose expenditures	106,868,960.	
e Total exempt purpose expenditures (add lines 1c and 1d)	107,048,960.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	180,000.	180,000.	180,000.	180,000.	720,000.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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."**

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

Part IV **Supplemental Information**

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

LOBBYING ACTIVITY

SCHEDULE C, PART II-A, LINE 1B

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

APPROPRIATIONS AND ENSURES MEMBERS OF CONGRESS ARE ON ITS CAUCUS TO

FOSTER RELATIONSHIPS WITH TROOPS.

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,000.	12,317,654.	11,929,976.	11,502,059.	10,872,346.
b Contributions	250,000.				
c Net investment earnings, gains, and losses	1,030.	-86,790.	416,565.	453,870.	648,000.
d Grants or scholarships		12,205,864.			
e Other expenditures for facilities and programs					
f Administrative expenses			28,887.	25,953.	18,287.
g End of year balance	276,030.	25,000.	12,317,654.	11,929,976.	11,502,059.

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 99.6300 %

c Temporarily restricted endowment ▶ .3700 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,163,739.	8,697,980.	2,465,759.
d Equipment		4,034,027.	3,508,694.	525,333.
e Other		8,977,728.	6,300,170.	2,677,558.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				5,668,650.

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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

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

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

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.

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

Part 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.

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

Part XIII **Supplemental Information.**

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

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

INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE USO AND FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) OF 1986, AS AMENDED, AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3). HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE EXEMPT PURPOSES OF THE ORGANIZATIONS ARE SUBJECT TO TAX UNDER IRC SECTION 511. USO AND FOUNDATION HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH THE ORGANIZATION HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED INCOME TAX POSITIONS. NEITHER THE USO NOR FOUNDATION HAD ANY MATERIAL UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015. THEREFORE, NO INCOME TAX LIABILITY HAS BEEN PROVIDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

US GAAP REQUIRES THAT AN INCOME TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE LIKELY THAN NOT' THRESHOLD. USO AND FOUNDATION FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY

Part XIII Supplemental Information *(continued)*

IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS 'MORE-LIKELY-THAN-NOT' TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE TAX YEARS ENDING DECEMBER 31, 2016, 2015, 2014 AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. USO AND FOUNDATION HAVE DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2016

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
(1) EAST ASIA AND THE PACIFIC	21.	67.	PROGRAM SERVICES	OP. OF USO CENTER	6,099,270.
(2) EUROPE	20.	84.	PROGRAM SERVICES	OP. OF USO CENTER	7,519,584.
(3) MIDDLE EAST AND NORTH AFRICA	5.	31.	PROGRAM SERVICES	OP. OF USO CENTER	5,365,536.
(4) SOUTH ASIA	4.	15.	PROGRAM SERVICES	OP. OF USO CENTER	1,963,383.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	50.	197.			20,947,773.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	50.	197.			20,947,773.

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

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☒ No

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

ACTIVITIES OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

FOREIGN ACTIVITIES OF THE USO INCLUDE THE FOLLOWING: PROVIDE TELEPHONE CARDS AND OTHER MEANS OF COMMUNICATION TO ALLOW MILITARY PERSONNEL ACCESS TO THEIR FAMILIES WHILE AWAY FROM HOME; PROMOTE INTERCULTURAL UNDERSTANDING AND ORIENTATION TO NEW COMMUNITIES; CULTURAL AND HISTORICAL TOURS INTO LOCAL INTERNATIONAL COMMUNITIES; PROVIDE FAMILY AND COMMUNITY RECREATION, REFRESHMENTS, HOLIDAY ACTIVITIES, VIDEOS, MUSIC, AND LITERATURE; PROVIDE LANGUAGE TRANSLATION, TRANSPORTATION OPTIONS, CURRENCY CONVERSION, AREA MAPS, AND GUIDANCE.

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2016

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **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? Yes	No	**(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
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				66,461,061.	4,607,558.	62,089,895.

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

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,GU,HI,IL,
KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,TN,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 GALA (event type)	(b) Event #2 SERVICE SALUTE (event type)	(c) Other events 31. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,170,365.	217,548.	1,084,959.	2,472,872.
	2 Less: Contributions	967,825.	159,323.	780,958.	1,908,106.
	3 Gross income (line 1 minus line 2)	202,540.	58,225.	304,001.	564,766.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		50,236.	95,552.	145,788.
	7 Food and beverages	241,909.	3,185.	106,875.	351,969.
	8 Entertainment	10,275.		36,475.	46,750.
	9 Other direct expenses	911,779.	23,701.	214,454.	1,149,934.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,694,441.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,129,675.

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			312,909.	312,909.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			61,120.	61,120.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 90.0000 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				61,120.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				251,789.

9 Enter the state(s) in which the organization conducts gaming activities: AZ,

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? [X] 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 [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	100.0000 %

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

Name ▶ KRISTINE SHUMACK

Address ▶ 2111 WILSON BLVD, STE 1200 ARLINGTON, VA 22201

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 [X] No

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

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

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES	NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
WORTH LINEN ASSOCIATES 535 FIFTH AVE. 31ST FL. NEW YORK NY 10017	DR MAIL PROGRAM		X	61,303,062.	3,751,685.	57,551,377.
ANNE LEWIS STRATEGIES, LL 901 NEW YORK AVE. NW., STE 470 E. WASHINGTON DC 20001	DR WEB PROGRAM		X	1,760,788.	319,607.	1,441,181.
MERKLE P.O. BOX 64897 BALTIMORE MD 21264	CONSULTING		X	2,023,689.	289,489.	1,737,200.
SOCIAL CAPITAL 980 N. MICHIGAN AVE., STE 1610 CHICAGO IL 60611	CONSULTING		X		49,625.	
DATOC WITTEN GROUP 13145 APPLEGROVE LANE HERNDON VA 20171	CONSULTING		X		42,000.	

CHRISTOPHER COBB 308 N. COLUMBUS STREET ALEXANDRIA VA 22314	CONSULTING	X		38,985.	
COMMONWEALTH PARTNERS 704 E. CALIFORNIA BLVD. PASADENA CA 91106	CONSULTING	X		20,625.	
WARFIELD & WALSH 601 S. WASHINGTON STREET ALEXANDRIA VA 22314	CONSULTING	X		15,300.	
TRUE NORTH, INC. 630 THIRD AVE. 12TH FL. NEW YORK NY 10017	CONSULTING	X	1,373,522.	13,385.	1,360,137.
STELTER 10435 NEW YORK AVE. DES MOINES IA 50322	CONSULTING	X		66,857.	

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

OMB No. 1545-0047

2016

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIRE HEROES USA 100 N PT CTR E ALPHARETTA, GA 30022	43-1562688	501(C)(3)	2,286,628.				PROGRAM SUPPORT
(2) STRONGER FAMILIES 12015 115TH AVE NE, KIRKLAND, WA 98034	94-3080306	501(C)(3)	1,522,044.				PROGRAM SUPPORT
(3) RP/6, INC. 9881 BRIDGEPORT WAY SW LAKEWOOD, WA 98499	45-3484547	501(C)(3)	1,049,018.				PROGRAM SUPPORT
(4) CAMP SOUTHERN GROUND, INC. 101 GARDNER PARK, GA 30269	27-3082862	501(C)(3)	200,000.				PROGRAM SUPPORT
(5) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS 3033 WILSON BLVD, ARLINGTON, VA 22201	92-0152268	501(C)(3)	100,000.				PROGRAM SUPPORT
(6) TRAVIS MANION FOUNDATION PO BOX 1485 DOYLESTOWN, PA 18901	41-2237951	501(C)(3)	37,500.				PROGRAM SUPPORT
(7) PROJECT SANCTUARY PO BOX 1563 GRANBY, CO 80446	26-1410596	501(C)(3)	25,000.				PROGRAM SUPPORT
(8) SNOWBALL EXPRESS 611 S. MAIN, STE 400, TX 76051	20-5627830	501(C)(3)	25,000.				PROGRAM SUPPORT
(9) PROJECT HEALING WATERS FLY FISHING, INC. PO BOX 695 LA PLATA, MD 20646	61-1518154	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) GIANT STEPS P.O. BOX 4855, CA 94955	68-0404917	501(C)(3)	6,800.				PROGRAM SUPPORT
(11) U.S. CHAMBER OF COMMERCE FOUNDATION 1615 H STREET, NW. DC 20062	53-0045720	501(C)(3)	250,000.				PROGRAM SUPPORT
(12) THE COMFORT CREW FOR MILITARY KIDS 9020 N. CAPITAL OF TX HWY AUSTIN, TX 78759	26-0141940	501(C)(3)	1,245,436.				PROGRAM SUPPORT

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

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

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2016

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USO CENTRAL FLORIDA 4100 GEORGE J. BEAN PKWY, TAMPA, FL 33607	37-1664582	501(C)(3)	46,629.				REVENUE SHARE
(2) USO CENTRAL AND SOUTHERN OHIO P.O. BOX 13176 COLUMBUS, OH 43213	31-4401239	501(C)(3)	106,478.				REVENUE SHARE
(3) USO GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)	97,456.				REVENUE SHARE
(4) GREATER JACKSONVILLE AREA USO P.O. BOX 108, BLDG., JACKSONVILLE, FL 32212	59-1052424	501(C)(3)	16,417.				REVENUE SHARE
(5) BOB HOPE USO 203 WORLD WAY WEST LOS ANGELES, CA 90045	95-2302811	501(C)(3)	97,817.				REVENUE SHARE
(6) USO HAMPTON ROADS AND CENTRAL VIRGINIA P.O. BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)	79,349.				REVENUE SHARE
(7) USO ILLINOIS 330 S. WABASH AVE., CHICAGO, IL 60604	36-2349617	501(C)(3)	84,413.				REVENUE SHARE
(8) USO INDIANA P.O. BOX 441160 INDIANAPOLIS, IN 46244	20-8349270	501(C)(3)	5,327.				REVENUE SHARE
(9) USO METROPOLITAN WASHINGTON-BALTIMORE 228 MCNAIR ROAD, FORT MYER, VA 22211	53-0204665	501(C)(3)	1,166,949.				REVENUE SHARE/CENTER
(10) USO METROPOLITAN NEW YORK 1601 BROADWAY, 11TH FL NEW YORK, NY 10019	13-2500122	501(C)(3)	1,294,522.				REVENUE SHARE/PROGRA
(11) USO MISSOURI 10701 LAMBERT INTL BLVD ST. LOUIS, MO 63145	43-1237410	501(C)(3)	20,703.				REVENUE SHARE
(12) USO NORTH CAROLINA P.O. BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)	329,581.				REVENUE SHARE

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

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

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

SCHEDULE I (Form 990)

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.
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OMB No. 1545-0047

2016

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USO NORTHERN OHIO 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34-6006829	501(C)(3)	14,107.				REVENUE SHARE
(2) USO NORTHWEST 17801 INTERNATIONAL SEATTLE, WA 98158	91-0573116	501(C)(3)	122,570.				REVENUE SHARE
(3) USO PENNSYLVANIA & SOUTH NJ PHILLY INTL AIRPORT PHILADELPHIA, PA 19153	23-1426011	501(C)(3)	268,679.				REVENUE SHARE
(4) USO PIONEER VALLEY 100 WALKER AVE., BOX 33, MA 01022	04-2318250	501(C)(3)	19,054.				REVENUE SHARE
(5) USO SAN DIEGO DOWNTOWN CTR 303 A ST, SAN DIEGO, CA 92101	95-1644030	501(C)(3)	27,385.				REVENUE SHARE
(6) USO WISCONSIN 750 N LINCOLN MEMORIAL DR,STE 303,WI 53202	39-1703157	501(C)(3)	13,150.				REVENUE SHARE
(7) USO CENTRAL AND SOUTHERN OHIO P.O. BOX 13176 COLUMBUS, OH 43213	31-4401239	501(C)(3)		10,526.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(8) USO GEORGIA P.O. BOX 20963 ATLANTA, GA 30320	58-0917673	501(C)(3)		5,263.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(9) GREATER JACKSONVILLE AREA USO PO BOX 108, BLDG., JACKSONVILLE, FL 32212	59-1052424	501(C)(3)		5,263.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(10) BOB HOPE USO 203 WORLD WAY WEST LOS ANGELES, CA 90045	95-2302811	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(11) USO HAMPTON ROADS AND CENTRAL VIRGINIA P.O. BOX 7250 HAMPTON, VA 23666	54-1305517	501(C)(3)		17,543.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(12) USO ILLINOIS 330 S. WABASH AVE., CHICAGO, IL 60604	36-2349617	501(C)(3)		8,771.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT

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

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

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2016

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? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) USO INDIANA P.O. BOX 441160 INDIANAPOLIS, IN 46244	20-8349270	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(2) USO METROPOLITAN WASHINGTON-BALTIMORE 228 MCNAIR ROAD, FORT MYER, VA 22211	53-0204665	501(C)(3)		19,297.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(3) USO METROPOLITAN NEW YORK 1601 BROADWAY, 11TH FL NEW YORK, NY 10019	13-2500122	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(4) USO MISSOURI 10701 LAMBERT INTL BLVD ST. LOUIS, MO 63145	43-1237410	501(C)(3)		5,263.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(5) USO NORTH CAROLINA P.O. BOX 91536 RALEIGH, NC 27675	56-0532315	501(C)(3)		15,788.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(6) USO NORTHERN OHIO 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34-6006829	501(C)(3)		5,263.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(7) USO NORTHWEST 17801 INTERNATIONAL SEATTLE, WA 98158	91-0573116	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(8) USO PENNSYLVANIA & SOUTH NJ PHILLY INTL AIRPORT PHILADELPHIA, PA 19153	23-1426011	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(9) USO WISCONSIN 750 N LINCOLN MEMORIAL DR,STE 407,WI 53202	39-1703157	501(C)(3)		7,017.	FMV	CLOTHING/HOUSEHOLD	CENTER SUPPORT
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 45.

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

SCHEDULE I, PART I, LINE 2

USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH

THE GRANT AGREEMENTS AND/OR THE FORMS AND SCHEDULES SET FORTH IN THE

RELATED CHARTERED CENTER POLICIES AND PROCEDURE MANUALS. REGULARLY

REQUIRED REPORTS INCLUDE FINANCIAL REPORTS AND PROGRAM ACTIVITY REPORTS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number: 13-1610451

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	[ ] First-class or charter travel			
	[X] Travel for companions			
	[ ] Tax indemnification and gross-up payments			
	[ ] Discretionary spending account			
	[X] Housing allowance or residence for personal use			
	[ ] Payments for business use of personal residence			
	[ ] Health or social club dues or initiation fees			
	[ ] 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	**1b**	X	
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?	**2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	[X] Compensation committee			
	[X] Independent compensation consultant			
	[X] Form 990 of other organizations			
	[ ] Written employment contract			
	[X] Compensation survey or study			
	[X] 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?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**	X	
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
J.D. CROUCH, II	(i)	502,155.	0.	1,161.	23,850.	22,914.	550,080.	0.
1 PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
TAMMY HEISER	(i)	229,942.	0.	1,882.	20,797.	20,363.	272,984.	0.
2 SVP, HUMAN RESOURCES/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
PHILIP PARISI	(i)	275,204.	0.	2,121.	22,707.	24,271.	324,303.	0.
3 TREASURER/ CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA ANASTASI	(i)	286,799.	0.	1,770.	19,819.	22,021.	330,409.	0.
4 CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL ALLVIN	(i)	240,879.	0.	1,145.	18,432.	9,863.	270,319.	0.
5 SVP, BRAND ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ALAN REYES	(i)	258,504.	0.	1,904.	23,527.	25,316.	309,251.	0.
6 SVP, OPERATIONS & PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
BRUCE BURDA	(i)	160,587.	6,895.	34,724.	17,633.	1,067.	220,906.	0.
7 REGIONAL VP, OPERATIONS SWA	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES HYDE	(i)	160,374.	0.	38,320.	14,138.	1,067.	213,899.	0.
8 REGIONAL VP, OPERATIONS PAC	(ii)	0.	0.	0.	0.	0.	0.	0.
ELI HERTZ	(i)	189,014.	0.	862.	17,278.	3,931.	211,085.	0.
9 VP, INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
RACHEL TISCHLER	(i)	179,601.	7,289.	874.	15,085.	8,045.	210,894.	0.
10 VP, ENTERTAINMENT OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
GLENN WELLING	(i)	179,918.	5,353.	801.	16,674.	0.	202,746.	0.
11 VP, CHARTERED CTR OPS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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.

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

A HOUSING ALLOWANCE IN THE AMOUNT OF $36,955 WAS PROVIDED TO CHARLES HYDE IN HIS ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC. THIS ALLOWANCE WAS INCLUDED AS TAXABLE COMPENSATION ON HIS 2016 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. COACH IS THE AUTHORIZED CLASS OF TRAVEL. UPGRADES ARE ALLOWABLE BY EMPLOYEES UNDER THE FOLLOWING CIRCUMSTANCES:

1) THE EMPLOYEE PAYS THE DIFFERENCE IN FARE THEMSELVES OR USES AIR MILES FROM THEIR PERSONAL ACCOUNT.

2) MEDICAL CONDITIONS REQUIRE BUSINESS CLASS TRAVEL.

3) SAFETY, SERVICE AND ENVIRONMENT ARE CLEARLY INFERIOR.

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.

4) BUSINESS CLASS TRAVEL IS ALLOWABLE FOR INTERNATIONAL TRAVEL (TRAVEL OUTSIDE OF YOUR REGIONS) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6 HOURS.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE VPS WERE PAID BASED ON 2015 ACHIEVEMENTS AND WRITTEN PERFORMANCE PLANS AND APPROVED BY MANAGEMENT.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization: UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number: 13-1610451

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		127,035.	COST/SELLING PRICE
5	Clothing and household goods	X		4,206,321.	COST/SELLING PRICE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	51.	148,819.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1,779.	3,223,043.	COST/SELLING PRICE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(VEHICLE)	X	2.	62,637.	FAIR MARKET VALUE
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

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

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.

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

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

THE USO ALSO ENGAGES AN INVESTMENT BROKER TO CONVERT DONATED SECURITIES INTO CASH FOR USE IN FULFILLING THS USO'S MISSION.

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

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

PROGRAM SERVICES

USO CENTERS

FORM 990, PART III, LINE 4A

THE USO PROVIDES PROGRAMS, ENTERTAINMENT AND SERVICES AT MORE THAN 200 LOCATIONS WORLDWIDE, INCLUDING MORE THAN 100 USO OWNED AND OPERATED LOCATIONS, AND MORE THAN 80 CHARTERED USO AFFILIATE LOCATIONS. USO OPERATIONS ARE LOCATED THROUGHOUT THE UNITED STATES (INCLUDING THE U.S. TERRITORY OF GUAM), AND IN COUNTRIES OVERSEAS, INCLUDING AFGHANISTAN, AUSTRALIA, DJIBOUTI, GERMANY, ITALY, IRAQ, JAPAN, JORDAN, KOREA, KUWAIT, TURKEY, 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 2016, USO SERVED MORE THAN 11 MILLION VISITORS AND PROGRAM PARTICIPANTS (INCLUDING 3.9 MILLION VISITORS AND PROGRAM PARTICIPANTS THROUGH ITS CHARTERED USO AFFILIATES). THE USO'S CENTERS PROVIDE A WARM AND COMFORTING PLACE WHERE SERVICE MEMBERS CAN CONNECT WITH LOVED ONES 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 2016, THE USO CELEBRATED THE OPENING OF SEVERAL NEW LOCATIONS INCLUDING JOINT BASE ELMENDORF-RICHARDSON AND EIELSON AIR FORCE BASE,

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ALASKA; FORT SILL, OKLAHOMA; JOINT BASE SAN ANTONIO, TEXAS; HANSCOM AIR FORCE BASE, MASSACHUSETTS; FORT JACKSON MEPS, SOUTH CAROLINA; PHOENIX MEPS, ARIZONA; DENVER MEPS, COLORADO; POHAKULOA TRAINING AREA, HAWAII; CAMP KINSER, OKINAWA; NAVAL AIR STATION SIGONELLA, ITALY; AND INCIRLIK AIR BASE, TURKEY.

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

USO ALSO OFFERS SERVICE MEMBERS THE SAME KINDS OF SUPPORT THAT THE USO PROVIDES IN AN AIRPORT OR INSTALLATION LOCATION THROUGH ITS MOBILE VEHICLE UNITS. THESE LARGE MOBILE CENTERS TRAVEL TO LARGE EVENTS AND MILITARY EXERCISES TO PROVIDE PLACES FOR SERVICE MEMBERS TO RELAX DURING DOWNTIME, PROVIDE USO SERVICE TO AREAS WITHOUT A BRICK-AND-MORTAR USO CENTER AND SUPPORT OUR CENTERS AND THE COMMUNITY IN TIMES OF CRISIS. EACH MOBILE USO OFFERS LAPTOPS, LARGE-SCREEN TELEVISIONS, VIDEO GAME CONSOLES, WI-FI ACCESS, CASUAL SEATING, REFRIGERATORS, COFFEE MAKERS AND MICROWAVES.

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IN 2016, THE USO UNVEILED ITS NEWEST MOBILE USO THAT IS 38 FEET LONG WITH THREE SLIDE OUTS AND A CANTEEN WINDOW THAT WILL BE ABLE TO SUPPORT MORE SERVICE MEMBERS THAN ITS PREDECESSORS. IT INCLUDES TWO 65-INCH TVS, FIVE XBOX GAMING SYSTEMS, INTERNAL AND EXTERNAL SOUND SYSTEMS AND IS WHEELCHAIR-ACCESSIBLE.

PUBLIC AWARENESS & OUTREACH

FORM 990, PART III, LINE 4B

THE USO'S COMMUNICATIONS AND OUTREACH PROGRAMS AIM TO ADDRESS THE CIVILIAN-MILITARY DRIFT - A NATURAL DISCONNECT AND LACK OF UNDERSTANDING BETWEEN THOSE WHO HAVE SERVED IN THE MILITARY AND THOSE WHOM THEY DEFEND WHO HAVE NEVER SERVED AND MAY NOT KNOW OR BE RELATED TO ANYONE WHO HAS. DURING 2016, THE USO LAUNCHED THE FORCE BEHIND THE FORCES, A BRAND AWARENESS CAMPAIGN REINTRODUCING THE USO TO THE AMERICAN PUBLIC, AND ENCOURAGING AMERICANS TO STAND BEHIND THE FORCE, AS A COMMUNITY OF SUPPORTERS COMMITTED TO CONNECTING SERVICE MEMBERS TO THE THINGS THAT THEY HOLD DEAR AND DEMONSTRATE APPRECIATION OF THOSE WHO SELFLESSLY SERVE OUR NATION. THROUGH ITS WEBSITE AND MAIL, THE USO COLLECTED 1.4 MILLION MESSAGES OF APPRECIATION FROM THE AMERICAN PUBLIC AND ARE BEING DISTRIBUTED OR DISPLAYED AT USO LOCATIONS ACROSS THE GLOBE. AS A COMPONENT OF THE FORCE BEHIND THE FORCES CAMPAIGN, THE USO PRODUCED A PUBLIC SERVICE ADVERTISING CAMPAIGN DURING 2016 THAT BEGAN AIRING TELEVISION AND RADIO IN OCTOBER 2016, AND APPEARED IN AIRPORT ADS IN DECEMBER. AIRINGS OF ALL BRAND ADS TOTALED MORE THAN 87,000 TELEVISION

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AND RADIO AIRINGS FOR THAT YEAR. THE USO ALSO CELEBRATED ITS 75TH ANNIVERSARY DURING 2016, WITH TWO PRESIDENTIAL LEVEL EVENTS (WITH BARACK OBAMA AND GEORGE W. BUSH), A PBS DOCUMENTARY AND SEVERAL NATIONAL AND LOCAL EVENTS TO MARK THE OCCASIONS.

WARRIOR AND FAMILY PROGRAMMING

FORM 990, PART III, LINE 4C

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

EXPEDITIONARY SUPPORT

THE USO DISTRIBUTED 109 BUNDLES OF ELECTRONIC GAMING, SPORTS/MUSICAL EQUIPMENT, AND PERSONAL CARE ITEMS AND 30 MOBILE ENTERTAINMENT GAMING SYSTEMS ('MEGS') TO DEPLOYED SERVICE MEMBERS IN REMOTE LOCATIONS IN 2016.

THE USO CARE PACKAGE PROGRAM DISTRIBUTED MORE THAN 86,000 SNACK OR TOILETRY PACKS TO SERVICE MEMBERS ACROSS THE GLOBE. THE USO HAS CONTINUED TO OFFER SEASONAL HOLIDAY CARE PACKAGES, WHICH INCLUDE DECORATIONS, SNACKS, DVDS AND GAMES TO HELP SERVICE MEMBERS STATIONED IN REMOTE CORNERS OF THE WORLD CELEBRATE AMERICAN HOLIDAYS. IN 2016, THE USO SHIPPED 450 SEASONAL HOLIDAY CARE PACKAGES TO HELP KEEP OUR DEPLOYED SERVICE MEMBERS CONNECTED TO HOME.

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OPERATION PHONE HOME

IN ADDITION, THE USO PROVIDED A PRIVATE PHONE NETWORK THAT ALLOWED SERVICE MEMBERS TO MAKE FREE CALLS HOME, COMPUTERS WITH HIGH-SPEED INTERNET BANDWIDTH, FREE INTERNET ACCESS FOR SERVICE MEMBERS' OWN COMPUTERS AND PROVIDED MORE THAN 75,000 FREE INTERNATIONAL PREPAID CALLING CARDS TO ALLOW SERVICE MEMBERS TO CONNECT WITH THEIR FAMILIES. IN SOUTHWEST ASIA ALONE, MORE THAN 5.7 MILLION MINUTES WERE LOGGED IN FREE TALK TIME AND MORE THAN 680,000 FREE WI-FI SESSIONS WERE LOGGED BY OUR SERVICE MEN AND WOMEN DURING 2016. 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 24 EVENTS FOR MILITARY MOMS-TO-BE AND AROUND THE GLOBE IN 2016. THE USO ALSO CONNECTS MILITARY PARENTS WITH THEIR CHILDREN BACK HOME BY HOSTING A NATIONALLY RECOGNIZED READING PROGRAM AT SELECT USO CENTERS WORLDWIDE THAT ALLOWS SERVICE MEMBERS TO RECORD THEMSELVES READING A STORY ALOUD TO THEIR CHILD, WHICH THE USO THEN MAILS BACK HOME. DURING 2016, THE USO HELPED PROVIDE MORE THAN 16,000 OF THESE RECORDINGS TO CHILDREN OF OUR SERVICE MEN AND WOMEN.

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

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AND FIND RENEWED HOPE. IN 2016, MORE THAN 5,900 MILITARY ATTENDEES BENEFITTED FROM 181 OXYGEN LIVE LEARNING EVENTS HELD ACROSS THE COUNTRY.

MILITARY CHILDREN SUPPORT

THE USO, IN COLLABORATION WITH THE COMFORT CREW FOR MILITARY KIDS, SENDS MOTIVATIONAL SPEAKERS ON TOUR TO PROMOTE SELF-CONFIDENCE AND RESILIENCY IN MILITARY CHILDREN AGES 6 TO 15 YEARS OLD. THE TOUR IS STRUCTURED TO HELP MILITARY CHILDREN TACKLE BULLYING IN SCHOOLS, ADJUST TO LIFE DURING AND POST-DEPLOYMENT, AND COPING WHEN A PARENT MAKES THE ULTIMATE SACRIFICE. DURING 2016, THE USO HOSTED THE TOUR AT 48 LOCATIONS, ENGAGING WITH NEARLY 35,000 MILITARY KIDS.

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

THE USO HOSTS SEMINARS TO PROVIDE CAREGIVERS - HUSBANDS, WIVES, PARENTS, HOSPITAL STAFF AND OTHER FAMILY MEMBERS SUPPORTING WOUNDED, ILL AND INJURED SERVICE MEMBERS - WITH PRACTICAL ADVICE AND VALUABLE INFORMATION ABOUT AVAILABLE RESOURCES AND SUPPORT SYSTEMS. THESE SESSIONS ADDRESS SUCH TOPICS AS POST-TRAUMATIC STRESS DISORDER, CAREGIVER BOUNDARIES AND INTIMACY, COMPASSION FATIGUE, PARENTING, CHILDHOOD GRIEF AND CAREGIVER RESILIENCY. IN 2016, 4 SEMINARS WERE HELD, SUPPORTING OVER 1,200 HUNDRED CAREGIVERS AND PROVIDING A FORUM FOR THEM TO SPEAK CANDIDLY ABOUT THE ISSUES THEY FACE, WHILE ALSO SEEKING ADVICE FROM SUBJECT-MATTER EXPERTS AND FELLOW CAREGIVERS.

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FAMILIES OF THE FALLEN

THE USO HAS SUPPORTED EVERY DIGNIFIED TRANSFER AT DOVER AIR FORCE BASE SINCE MARCH 1991, INCLUDING OVER 76 DIGNIFIED TRANSFERS IN 2016. 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. IN 2016, THE USO SUPPORTED OVER 355 FAMILY MEMBERS TRAVELING TO AND FROM DOVER.

ENTERTAINMENT TOURS

FORM 990, PART III, LINE 4D

USO ENTERTAINMENT TOURS FEATURE CELEBRITIES, PERFORMERS AND ENGAGING SHOWS TO KEEP OUR MILITARY MEN AND WOMEN CONNECTED TO FAMILY, HOME AND COUNTRY. IN 2016, THE USO DEPLOYED 68 CELEBRITY ENTERTAINERS, WHO GRACIOUSLY DONATED MILLIONS OF DOLLARS' WORTH OF THEIR PROFESSIONAL SERVICES AND THEIR TIME TO PARTICIPATE IN 31 TOURS TO 22 COUNTRIES AND 27 STATES, ENTERTAINING MORE THAN 117,000 SERVICE MEMBERS AND MILITARY FAMILY MEMBERS. EIGHT OF THESE TOURS WERE TO COMBAT ZONES. IN ADDITION, THE SESAME STREET/USO EXPERIENCE FOR MILITARY FAMILIES PERFORMED 156 SHOWS AT 52 MILITARY BASES IN 23 STATES DURING 2016.

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TRANSITION SERVICES

FORM 990, PART III, LINE 4D

THE USO OFFERS TRANSITION SERVICES TO HELP SERVICE MEMBERS LEAVING THE MILITARY TO REINTEGRATE INTO THE COMMUNITIES THEY ARE RETURNING TO, A CIVILIAN CAREER PATH, AND A STRONG FAMILY.

TRANSITION SERVICE CENTERS

USO TRANSITION SERVICE CENTERS PROVIDE SERVICE MEMBERS WITH INDIVIDUAL ASSISTANCE NAVIGATING THEIR PERSONAL AND PROFESSIONAL GOALS, INCORPORATING STATE-OF-THE-ART TECHNOLOGY. USO TRANSITION PROGRAMMING PROVIDES A HOLISTIC APPROACH AND INCLUDES DIRECT SUPPORT, AS WELL AS UNIQUE AND RELEVANT PROGRAMMING DEVELOPED WITH PARTNER ORGANIZATIONS. DURING 2016, THE USO OPENED 6 USO TRANSITION SERVICE CENTERS ACROSS THE U.S.

EMPLOYMENT EVENTS

THE USO CO-HOSTS 2-3 DAY TRANSITION SUMMITS AT ALL MILITARY INSTALLATIONS ACROSS THE U.S., WHICH PROVIDE SERVICE MEMBERS AND SPOUSES INSIGHT INTO INDUSTRY TRENDS, HIRING PRACTICES, AND JOB SEARCH TOOLS. THE SUMMITS ARE ALSO OPPORTUNITIES FOR INSTALLATION AND UNIT LEADERSHIP TO GET AN OVERVIEW OF THE IMPORTANCE OF A TRANSITION PLAN FOR THEIR SERVICE MEMBERS, INCLUDING THE CHANGING LANDSCAPE OF THE TRANSITION PROCESS AS WELL AS HOW TO BECOME AN ADVOCATE FOR THESE SERVICES WHEN COUNSELING THEIR SERVICE MEMBERS. DURING 2016, THE USO PROVIDED SUPPORT TO MORE THAN 18,000 ATTENDEES (INCLUDING VIRTUAL COACHING INSTANCES).

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

DESCRIPTION	GRANTS	EXPENSES
TRANSITION SERVICES	$3,535,646	$5,162,141
ENTERTAINMENT TOURS	$ 567,401	$6,129,721
TOTAL	$4,103,047	$11,291,862

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

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

1) VOTING MEMBERS CONSISTING OF MEMBERS OF UNITED SERVICE ORGANIZATIONS, INC.'S BOARD OF GOVERNORS DURING THEIR TERM OF SERVICE.

2) NON-VOTING MEMBERS CONSISTING OF MEMBERS OF THE ARMED FORCES OF THE UNITED STATES CURRENTLY ON ACTIVE DUTY; REPRESENTATIVES, AS MAY BE DESIGNATED BY 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.

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MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 7A

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

PROCESS OF REVIEWING FORM 990

FORM 990, PART VI, LINE 11B

A COPY OF THE DRAFT 990 WAS PROVIDED TO ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES PRIOR TO ITS FILING WITH THE IRS. THE PROCESS WAS CONDUCTED IN MAY 2017. MEETING MINUTES REFLECT THE REVIEW AND DISCUSSION OF THE IRS FORM 990 AT THE AUDIT COMMITTEE MEETING HELD IN MAY 2017. AN OUTSIDE ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990.

CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRES UNITED SERVICE ORGANIZATIONS, INC.'S GOVERNORS, OFFICERS, AND OTHER EMPLOYEES TO AVOID ANY SITUATION WHICH MAY CONSTITUTE A CONFLICT OF INTEREST, THAT IS, ANY SITUATION WHICH AN INDIVIDUAL USES OR COULD USE HIS OR HER POSITION

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WITH THE UNITED SERVICE ORGANIZATIONS, INC. FOR PERSONAL GAIN TO AN INDIVIDUAL, MEMBERS OF THE INDIVIDUAL'S FAMILY, OR OTHER ORGANIZATIONS WITH WHOM THE INDIVIDUAL IS AFFILIATED, TO THE ACTUAL OR POTENTIAL DETRIMENT OF THE USO. THE BOARD OF GOVERNORS HAS ESTABLISHED A POLICY WITH REFERENCE TO CONFLICTS OF INTEREST APPLICABLE TO THE BOARD OF GOVERNORS. DISCLOSURE OF POTENTIAL CONFLICTS ARE REVIEWED BY CEO, CFO AND OUTSIDE COUNSEL. ANY INDIVIDUALS THAT HAVE A CONFLICT OF INTEREST ARE PROHIBITED FROM DELIBERATIONS AND VOTING ON A TRANSACTION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A AND 15B

THE COMPENSATION IS ESTABLISHED BY THE UNITED SERVICE ORGANIZATIONS, INC. BOARD OF GOVERNORS AFTER AN INDEPENDENT, OUTSIDE REVIEW OF INDUSTRY SURVEYS, COMPENSATION STUDIES AND OTHER DATA TO ENSURE THAT EXECUTIVE COMPENSATION IS WITHIN THE RANGE OF THAT PAID TO COMPARABLE EXECUTIVES OF COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES AND THEREFORE REASONABLE. THESE REVIEWS ARE PERFORMED ON A BIANNUAL BASIS BY AN INDEPENDENT OUTSIDE CONSULTANT FOR THE FOLLOWING POSITIONS: CEO, CFO, CDO, SVP OPERATIONS, ENTERTAINMENT AND PROGRAMS, SVP BRAND ADVANCEMENT, AND SVP HR. THE LAST REVIEW WAS PERFORMED IN 2016 FOR ALL POSITIONS LISTED AND ALL POSITIONS' COMPENSATION WAS FOUND TO BE WITHIN THE RANGE FOR COMPARABLE EXECUTIVES AT COMPARABLE ORGANIZATIONS. THE BOARD OF GOVERNORS REVIEWS AND APPROVES THE WRITTEN EMPLOYMENT CONTRACT BETWEEN THE USO AND THE CEO.

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HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

JOINT COST ACTIVITY DISCLOSURE

FORM 990, PART IX, LINE 26

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

ATTACHMENT 1

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

ITALY

JAPAN

UNITED ARAB EMIRATES

KOREA, REPUBLIC OF (SOUTH)

Name of the organization: UNITED SERVICE ORGANIZATIONS, INC.

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ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

CO,CT,

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

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

SC,TN,VA,WA,

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WORTH LINEN ASSOCIATES, INC. 535 FIFTH AVENUE, 31ST FLOOR NEW YORK, NY 10017	DM FUNDRAISER	3,652,506.
COMMUNICATIONS CORPORATION OF AMERICA 13195 FREEDOM WAY BOSTON, VA 22713	DM PRODUCTION	2,909,800.
POLARIS DIRECT 300 TECHNOLOGY DRIVE HOOKEST, NH 03106	PRINTING	1,745,117.
PLUS MEDIA, LLC P.O. BOX 3949 DANBURY, CT 06813	LIST BROKER	1,654,951.
INTERNATIONAL DATA MANAGEMENT 490 WHITE POND DRIVE AKRON, OH 44320	DATA MANAGEMENT	949,035.

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: UNITED SERVICE ORGANIZATIONS, INC.

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		X
b	Gift, grant, or capital contribution to related organization(s)	**1b**		X
c	Gift, grant, or capital contribution from related organization(s)	**1c**		X
d	Loans or loan guarantees to or for related organization(s)	**1d**		X
e	Loans or loan guarantees by related organization(s)	**1e**		X
f	Dividends from related organization(s)	**1f**		X
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		X
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o	Sharing of paid employees with related organization(s)	**1o**	X	
p	Reimbursement paid to related organization(s) for expenses	**1p**		X
q	Reimbursement paid by related organization(s) for expenses	**1q**		X
r	Other transfer of cash or property to related organization(s)	**1r**		X
s	Other transfer of cash or property from related organization(s)	**1s**		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
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Part VII **Supplemental Information**

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