

# Return of Organization Exempt From Income Tax

**2009**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning** , 2009, **and ending** , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> UNITED SERVICE ORGANIZATIONS, INC. Doing Business As		<b>D Employer identification number</b> 13-1610451
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2111 WILSON BLVD 1200		<b>E Telephone number</b> (703) 908-6400
		City or town, state or country, and ZIP + 4 ARLINGTON, VA 22201		<b>G Gross receipts \$</b> 151,526,357.
		<b>F Name and address of principal officer:</b> SLOAN GIBSON 2111 WILSON BLVD #1200 ARLINGTON, VA 22201		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶ 1291		
<b>J Website:</b> ▶ HTTP://WWW.USO.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1941 <b>M State of legal domicile:</b> DC	

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE USO LIFTS THE SPIRITS OF AMERICA'S TROOPS AND THEIR FAMILIES		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
	5	Total number of employees (Part V, line 2a)	5	424
	6	Total number of volunteers (estimate if necessary)	6	10,000
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	112,649.
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	79,893,014.	100,897,551.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,807,928.	5,748,466.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	864,670.	-1,420,662.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	153,166.	222,833.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	86,718,778.	105,448,188.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,548,693.	865,321.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	17,067,626.
b		Total fundraising expenses, Part IX, column (D), line 25) ▶ 16,127,248.	1,928,301.	1,963,880.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	68,719,001.	79,737,243.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	89,263,621.	107,362,758.
19		Revenue less expenses. Subtract line 18 from line 12	-2,544,843.	-1,914,570.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	82,298,762.	91,917,279.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,215,176.	9,117,303.

**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 *Philip A. Parisi* Date *5/14/2010*  
 ▶ Type or print name and title *Philip A. Parisi CFO*

**Paid Preparer's Use Only**  
 Preparer's signature *[Signature]* Date *5-14-2010* Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 *GRANT THORNTON LLP* EIN ▶ *36-6055558*  
*2010 CORPORATE RIDGE, SUITE 400 MCLEAN, VA 22102* Phone no. ▶ *703-847-7500*

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\* Form **990** (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

ATTACHMENT 3

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

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

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

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

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

4a (Code: ) (Expenses \$ 57,243,634. including grants of \$ 865,321. ) (Revenue \$ )

ATTACHMENT 4

4b (Code: ) (Expenses \$ 7,221,197. including grants of \$ ) (Revenue \$ )

ENTERTAINMENT: PROVIDE CONCERTS, COMEDY SHOWS, SPORTS CLINICS, AND CELEBRITY HANDSHAKE TOURS TO MILITARY PERSONNEL AND THEIR FAMILIES AROUND THE WORLD. ONE HUNDRED FIFTY-SEVEN ENTERTAINERS TRAVELED TO 25 COUNTRIES, ENTERTAINING MORE THAN 270,000 SERVICE MEMBERS AND THEIR FAMILIES.

4c (Code: ) (Expenses \$ 15,156,647. including grants of \$ ) (Revenue \$ )

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

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 79,621,478.

**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)? <i>If "Yes," complete Schedule A</i> . . . . .	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	X	
5	<b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . .	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> . . . . .	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> . . . . .		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> . . . . .		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		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? <i>If "Yes," complete Schedule G, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		X

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (33); 1b Enter the number of voting members that are independent (33); 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? (No); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (Yes); 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. (Yes); 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, HI, NJ, OH, PA, SC, TN, VA, WA,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KRISTINE SHUMACK, VP-CONTROLLER 2111 WILSON BLVD #1200, ARLINGTON, VA 22201 703-908-6400

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LT. GEN. HARRY D. RADUEGE DIRECTOR	1.00	X						0.	0.	0.
JOE REEDER DIRECTOR	1.00	X						0.	0.	0.
EDWARD T. REILLY CHAIRMAN	3.00	X		X				0.	0.	0.
LEONEL R. ROCHE DIRECTOR	1.00	X						0.	0.	0.
FUSAO SEKIGUCHI DIRECTOR	1.00	X						0.	0.	0.
KARL-HEINZ STAHL DIRECTOR	1.00	X						0.	0.	0.
DENNIS SWANSON DIRECTOR	1.00	X						0.	0.	0.
JAMES H. TERRY, II DIRECTOR	1.00	X						0.	0.	0.
LT. GEN. JOSEPH H. WEHRLE, JR. DIRECTOR	1.00	X						0.	0.	0.
LOUIS A. WEIL DIRECTOR	1.00	X						0.	0.	0.
SGT. MAJ. MARSHALL M. WILLIAMS DIRECTOR	2.00	X						0.	0.	0.
ALICIN WILLIAMSON DIRECTOR	1.00	X						0.	0.	0.
ED WILSON DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b> CONTINUED AT SCHEDULE J-2								2,521,768.	0.	380,282.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **26**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 **34**



**Part VIII Statement of Revenue**

13-1610451

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	1,988,080.				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	2,001,245.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e	15,771,793.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	81,136,433.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		15,076,369.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		100,897,551.				
Program Service Revenue	2a	USO CENTER	Business Code	900099	5,636,817.	5,636,817.		
	b	PUBLICATIONS ADVERTISING		541800	111,649.	111,649.		
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		5,748,466.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,597,763.			1,597,763.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0.				
	5	Royalties . . . . .		0.				
	6a	Gross Rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .			0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			41,095,785.	1,000.				
	b	Less: cost or other basis and sales expenses . . . . .			44,093,467.	21,743.		
c	Gain or (loss) . . . . .			-2,997,602.	-20,743.			
d	Net gain or (loss) . . . . .			-3,018,425.			-3,018,425.	
8a	Gross income from fundraising events (not including \$ 2,001,245. of contributions reported on line 1c). See Part IV, line 18 . . . . .	a		298,447.				
		b	Less: direct expenses . . . . .	b	1,126,110.			
		c	Net income or (loss) from fundraising events . . . . .			-827,663.	-827,663.	
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
		b	Less: direct expenses . . . . .	b				
		c	Net income or (loss) from gaming activities . . . . .			0.		
10a	Gross sales of inventory, less returns and allowances . . . . .	a		1,201,942.				
		b	Less: cost of goods sold . . . . .	b	836,849.			
		c	Net income or (loss) from sales of inventory . . . . .			365,093.	364,093.	1,000.
Miscellaneous Revenue			Business Code					
11a	SPONSORSHIPS		900099	604,600.			604,600.	
		b	MISC. INCOME	900099	80,803.			80,803.
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . .			685,403.				
12	<b>Total Revenue.</b> See instructions . . . . .			105,448,188.	5,173,247.	112,649.	-735,259.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	751,921.	751,921.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	113,400.	113,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.	0.		
4 Benefits paid to or for members . . . . .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,850,352.	528,547.	1,071,157.	250,648.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.	0.	0.	0.
7 Other salaries and wages . . . . .	18,890,226.	15,297,166.	2,037,941.	1,555,119.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,192,610.	927,154.	152,822.	112,634.
9 Other employee benefits . . . . .	1,395,872.	959,327.	295,697.	140,848.
10 Payroll taxes . . . . .	1,467,254.	1,192,467.	158,581.	116,206.
11 Fees for services (non-employees):	0.	0.	0.	0.
a Management . . . . .	450,868.	209,848.	161,785.	79,235.
b Legal . . . . .	228,478.	0.	228,478.	0.
c Accounting . . . . .	195,000.	0.	195,000.	0.
d Lobbying . . . . .	1,963,880.			1,963,880.
e Professional fundraising services. See Part IV, line 17	198,452.	0.	198,452.	0.
f Investment management fees . . . . .	5,329,708.	3,609,941.	1,172,306.	547,461.
g Other . . . . .	2,669,268.	2,032,014.	0.	637,254.
12 Advertising and promotion . . . . .	8,966,978.	4,662,503.	1,710,322.	2,594,153.
13 Office expenses . . . . .	2,737,195.	2,579,090.	148,315.	9,790.
14 Information technology . . . . .	0.	0.	0.	0.
15 Royalties . . . . .	914,709.	414,818.	326,370.	173,521.
16 Occupancy . . . . .	6,012,115.	5,458,194.	270,571.	283,350.
17 Travel . . . . .	0.	0.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	161,032.	31,981.	87,918.	41,133.
19 Conferences, conventions, and meetings . . . .	6,927.	0.	6,927.	0.
20 Interest . . . . .	0.	0.	0.	0.
21 Payments to affiliates . . . . .	1,510,117.	1,429,603.	40,257.	40,257.
22 Depreciation, depletion, and amortization . . . .	482,951.	334,184.	104,301.	44,466.
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UNRELATED BUS. INCOME TAX	3,353.	0.	3,353.	0.
b SUBSCRIPTION, DUES, TRAINING	326,967.	194,781.	26,329.	105,857.
c PRINTING AND PRODUCTION	18,288,269.	8,070,331.	2,868,886.	7,349,052.
d PROGRAM SUPPLIES / SUPPORT	30,024,580.	30,024,580.	0.	0.
e RENTAL AND MAINTENANCE	472,294.	335,291.	137,003.	0.
f All other expenses	757,982.	464,337.	211,261.	82,384.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>107,362,758.</b>	<b>79,621,478.</b>	<b>11,614,032.</b>	<b>16,127,248.</b>
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	24,031,047.	8,575,956.	4,922,819.	10,532,273.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing		<b>1</b>
	2	Savings and temporary cash investments	18,235,271.	<b>2</b> 12,223,259.
	3	Pledges and grants receivable, net	9,812,727.	<b>3</b> 10,515,714.
	4	Accounts receivable, net	267,508.	<b>4</b> 376,643.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>
	7	Notes and loans receivable, net	0.	<b>7</b> 0.
	8	Inventories for sale or use	450,316.	<b>8</b> 2,517,113.
	9	Prepaid expenses and deferred charges	810,907.	<b>9</b> 1,421,188.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,123,302.	
	b	Less: accumulated depreciation	10b 4,880,232.	10c 7,243,070.
	11	Investments - publicly traded securities	47,972,231.	<b>11</b> 57,524,642.
	12	Investments - other securities. See Part IV, line 11		<b>12</b>
	13	Investments - program-related. See Part IV, line 11		<b>13</b>
	14	Intangible assets		<b>14</b>
	15	Other assets. See Part IV, line 11	104,841.	<b>15</b> 95,650.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	82,298,762.	<b>16</b> 91,917,279.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	8,379,498.	<b>17</b> 8,402,745.
	18	Grants payable		<b>18</b>
	19	Deferred revenue	660,014.	<b>19</b> 588,843.
	20	Tax-exempt bond liabilities		<b>20</b>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>
	23	Secured mortgages and notes payable to unrelated third parties		<b>23</b>
	24	Unsecured notes and loans payable to unrelated third parties		<b>24</b>
	25	Other liabilities. Complete Part X of Schedule D	175,664.	<b>25</b> 125,715.
	26	<b>Total liabilities.</b> Add lines 17 through 25	9,215,176.	<b>26</b> 9,117,303.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	43,819,344.	<b>27</b> 47,378,284.
	28	Temporarily restricted net assets	3,666,319.	<b>28</b> 9,823,769.
	29	Permanently restricted net assets	25,597,923.	<b>29</b> 25,597,923.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds		<b>30</b>
	31	Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>
	32	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
33	<b>Total net assets or fund balances</b>	73,083,586.	<b>33</b> 82,799,976.	
34	<b>Total liabilities and net assets/fund balances</b>	82,298,762.	<b>34</b> 91,917,279.	

**Part XI Financial Statements and Reporting**

- 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? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	61,448,568.	58,931,384.	75,715,027.	79,893,014.	100,897,551.	376,885,544.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1 through 3. . . . .	61,448,568.	58,931,384.	75,715,027.	79,893,014.	100,897,551.	376,885,544.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> Public support. Subtract line 5 from line 4.						376,885,544.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	61,448,568.	58,931,384.	75,715,027.	79,893,014.	100,897,551.	376,885,544.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,067,221.	1,886,235.	2,322,455.	2,075,027.	1,597,763.	9,948,701.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		145,342.	137,553.	200,950.	111,649.	595,494.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	663,892.	1,689,982.	298,160.	772,902.	685,403.	4,110,339.
<b>11</b> Total support. Add lines 7 through 10 . . . . .						391,540,078.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	41,530,485.
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.26%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.89%
<b>16a</b> 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS INCOME	997.		24,749.	76,977.	80,803.	183,526.
AFF FEES	8,050.					8,050.
DSET ADMIN FEE	26,007.					26,007.
SPONSORSHIPS	628,838.	1,689,982.	273,411.	695,925.	604,600.	3,892,756.
<b>TOTALS</b>	<u>663,892.</u>	<u>1,689,982.</u>	<u>298,160.</u>	<u>772,902.</u>	<u>685,403.</u>	<u>4,110,339.</u>



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ \_\_\_\_\_

3 Volunteer hours \_\_\_\_\_

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

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

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

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

4a Was a correction made?  Yes  No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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-.

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

- A Check  if the filing organization belongs to an affiliated group.
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	195,000.													
c	Total lobbying expenditures (add lines 1a and 1b) . . . . .	195,000.													
d	Other exempt purpose expenditures . . . . .	79,621,478.													
e	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	79,816,478.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b					6,000,000.
c	120,730.	112,289.	139,989.	195,000.	568,008.
d	250,000.	250,000.	250,000.	250,000.	1,000,000.
e					1,500,000.
f	0.	0.	0.	0.	0.

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

**Part IV** Supplemental information *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

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

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

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

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

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

	Held at the End of the 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 . . . . .	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues 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 XIV.

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment ▶ 45.8100 %
- b Permanent endowment ▶ 44.9900 %
- c Term endowment ▶ 9.2000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		5,037,673.	1,488,454.	3,549,219.
d Equipment . . . . .		7,085,629.	3,391,778.	3,693,851.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				7,243,070.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
SEVERANCE PAYABLE	125,715.	
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	125,715.	

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



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	105,448,188.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	107,362,758.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,914,570.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-1,914,570.

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

1	Total revenue, gains, and other support per audited financial statements	1	253,311,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,630,960.
b	Donated services and use of facilities	2b	134,490,892.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,939,535.
e	Add lines 2a through 2d	2e	148,061,387.
3	Subtract line 2e from line 1	3	105,249,736.
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	198,452.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	198,452.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	105,448,188.

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

1	Total expenses and losses per audited financial statements	1	243,594,733.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	134,490,892.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,939,535.
e	Add lines 2a through 2d	2e	136,430,427.
3	Subtract line 2e from line 1	3	107,164,306.
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	198,452.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	198,452.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	107,362,758.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## SCHEDULE D, PART V, Q.4

## THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE BOARD DESIGNATED PORTION OF THE ENDOWMENT IS RESTRICTED TO ASSIST THE  
 USE IN DELIVERING ITS PROGRAMS AND SERVICES FOR MANY YEARS INTO THE  
 FUTURE. THESE BOARD DESIGNATED CONTRIBUTIONS AND INVESTMENT EARNINGS ARE  
 AVAILABLE TO FUND OPERATIONS; HOWEVER, CONTRIBUTIONS / EARNINGS HAVE NOT  
 BEEN SPENT TO DATE. THE RESTRICTED PORTION OF THE ENDOWMENT IS TO BE  
 HELD IN PERPETUITY, WITH EARNINGS AVAILABLE TO ASSIST THE USE IN  
 DELIVERING PROGRAMS AND SERVICES FOR MANY YEARS INTO THE FUTURE.

## SCHEDULE D, PART XII, Q2D

## OTHER REVENUE INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON RETURN

SPECIAL EVENTS EXPENSES: \$1,102,686

COST OF GOOD SOLD : \$836,849

## SCHEDULE D, PART XIII, Q2D

## OTHER EXPENSES INCLUDED ON AUDITED FINANCIAL STATEMENTS BUT NOT ON RETURN

SPECIAL EVENTS EXPENSE : \$1,102,686

COST OF GOODS SOLD : \$836,849

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

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

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

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

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC	17	91	PROGRAM SERVICES	SEE SCHEDULE O	6,136,803.
EUROPE	21	70	PROGRAM SERVICES	SEE SCHEDULE O	5,519,710.
MIDDLE EAST AND NORTH AFRICA	10	74	PROGRAM SERVICES	SEE SCHEDULE O	8,605,145.
SOUTH ASIA	2	7	PROGRAM SERVICES	SEE SCHEDULE O	541,338.
<b>Totals</b> . . . . . ▶	50	242			20,802,996.

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

Use Schedule F-1 (Form 990) if additional space is needed.

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

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" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV**

**Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047  
**2009**  
**Open To Public Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WORTH LINEN ASSOCIATES	DIRECT RESP PROGRAM		X	51,945,515.	4,203,954.	47,741,561.
KELLOGG ORGANIZATION FOUND.	CAPITAL CAMPAIGN		X	0.	12,500.	-12,500.
MJD & ASSOCIATES	CAPITAL CAMPAIGN		X	398,378.	60,000.	338,378.
JUMPCURVE ONLINE	DIRECT RESP PROGRAM		X	585,909.	118,800.	467,109.
DVA NAVION INTERNATIONAL	FEASIBILITY STUDY		X	0.	30,000.	-30,000.
<b>Total</b>				52,929,802.	4,425,254.	48,504,548.

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		GALA (event type)	PATRIOTS DINNER (event type)	27 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,143,400.	353,800.	802,492.	2,299,692.
	2	Less: Charitable contributions	1,072,675.	338,158.	590,412.	2,001,245.
	3	Gross income (line 1 minus line 2)	70,725.	15,642.	212,080.	298,447.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	695,050.	20,893.	410,167.	1,126,110.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 1,126,110.)
	11	Net income summary. Combine line 3, column (d), and line 10				-827,663.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	



13 Indicate the percentage of gaming activity operated in:

- a The organization's facility . . . . . 13a %
- b An outside facility . . . . . 13b %

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . 15a

- 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? . . . . . 17a
- 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 ▶ \$ \_\_\_\_\_

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE I  
(Form 990)**

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Employer identification number  
13-1610451

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	USO OF METROPOLITAN NEW YORK, INC. 625 8TH AVE. NORTH WING NEW YORK, NY 10016	132500122	501(C)(3)	82,883.				SEE PART IV
	USO OF METROPOLITAN WASHINGTON, INC. 228 MCNAIR ROAD FORT MYER, VA 22211	530204665	501(C)(3)	148,360.				SEE PART IV
	GREATER JACKSONVILLE AREA USO COUNCIL, INC. P. O. BOX 108 MAS JACKSONVILLE, FL 32212	591052424	501(C)(3)	12,000.				SEE PART IV
	USO COUNCIL OF GEORGIA, INC. P. O. BOX 20963 ATLANTA, GA 30320	580917673	501(C)(3)	6,269.				SEE PART IV
	USO HAMPTON ROADS P. O. BOX 7250 HAMPTON, VA 23666	541305517	501(C)(3)	138,275.				SEE PART IV
	USO COUNCIL OF NEW ENGLAND, INC. 427 COMMERCIAL ST. BOSTON, MA 02109	042318250	501(C)(3)	10,650.				SEE PART IV
	USO OF ILLINOIS, INC. 700 E. GRAND AVE. CHICAGO, IL 60611	362349617	501(C)(3)	10,800.				SEE PART IV
	USO COUNCIL OF SAN DIEGO, INC. 303 A ST. #100 SAN DIEGO, CA 92101	951644030	501(C)(3)	55,621.				SEE PART IV
	USO OF GREATER LOS ANGELES 203 WORLD WAY WEST LOS ANGELES, CA 90045	952302811	501(C)(3)	17,000.				SEE PART IV
	USO OF MISSOURI, INC. P. O. BOX 10367 ST. LOUIS, MO 63145	431237410	501(C)(3)	12,000.				SEE PART IV
	USO PENNSYLVANIA & SOUTHERN NEW JERSEY, INC. PHL TERMINAL D PHILADELPHIA, PA 19153	231426011	501(C)(3)	43,420.				SEE PART IV
	USO PUGET SOUND AREA, INC. 17901 INT'L BLVD SEATTLE, WA 98158	910573116	501(C)(3)	105,623.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations 79

3 Enter total number of other organizations 1

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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
USO DESERT STORM EDUCATION FUND	27	113,400.			

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

MONITORING PROCEDURES FOR U.S. GRANTS

SCHEDULE I, PART I, LINE 2

USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH

THE FORMS AND SCHEDULES SET FORTH IN RELATED POLICIES AND PROCEDURE

MANUALS. REGULARLY REQUIRED REPORTS INCLUDE FINANCIAL REPORTS AND PROGRAM

ACTIVITY REPORTS.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

PURPOSE OF GRANT

SCHEDULE I, PART II, COLUMN (H)

1. USO OF METROPOLITAN NEW YORK, INC.

PURPOSE OF GRANT: DISNEY GRANT, BAE SUPPORT, GOLD MEDAL DINNER, 50TH ICBT HOMECOMING.

2. USO OF METROPOLITAN WASHINGTON, INC.

PURPOSE OF GRANT: BAE SUPPORT, INAUGURAL FLOAT, READ FOR THE RECORD, OPERATION ENDURING CARE, SALUTE TO MILITARY CHEFS

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

3. GREATER JACKSONVILLE AREA USO COUNCIL, INC  
 PURPOSE OF GRANT: BAE SUPPORT, READ FOR THE RECORD

4. USO COUNCIL OF GEORGIA, INC.  
 PURPOSE OF GRANT: OPERATION ENDURING CARE

5. USO HAMPTON ROADS  
 PURPOSE OF GRANT: BAE SUPPORT, READ FOR THE RECORD

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

OPERATION ENDURING CARE, PATRIOTIC FESTIVAL, NAVY SEALS EVENT

6. USO COUNCIL OF NEW ENGLAND, INC.

PURPOSE OF GRANT: DISNEY GRANT, READ FOR THE RECORD

7. USO OF ILLINOIS, INC.

PURPOSE OF GRANT: READ FOR THE RECORD, DISNEY GRANT

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

8. USO COUNCIL OF SAN DIEGO, INC.  
PURPOSE OF GRANT: BAE SUPPORT, TRIWEST SPONSORSHIP,  
READ FOR THE RECORD, DISNEY GRANT, NAVY SEALS EVENTS

9. USO OF GREATER LOS ANGELES  
PURPOSE OF GRANT: BAE SUPPORT

10. USO OF MISSOURI, INC.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

PURPOSE OF GRANT: PROGRAM SUPPORT

11. USO PENNSYLVANIA AND SOUTHERN NEW JERSEY, INC.

PURPOSE OF GRANT: GRANT / DEVPL HOMECOMING, BAE SUPPORT,

READ FOR THE RECORD

12. USO PUGET SOUND AREA, INC.

PURPOSE OF GRANT: RAISE THE PADDLE, TRIWEST SPONSORSHIP,



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

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OPERATION ENDURING CARE, READ FOR THE RECORD

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13. DEPT OF THE ARMY

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PURPOSE OF GRANT: WARRIOR CENTER FACILITY

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14. WREATHS ACROSS AMERICA

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PURPOSE OF GRANT: WREATHS FOR CEMETARY

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

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15.AMERICAN GOLD STAR MOTHERS INC.

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PURPOSE OF GRANT: FORT HOOD RELIEF

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**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

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

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SCHEDULE I-1  
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public  
Inspection

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPT OF THE ARMY EUROPE REGION, UNIT 29353, BOX 200, APO AE			27,750.				SEE PART IV
WREATHS ACROSS AMERICA P.O. BOX 256 HARRINGTON, ME 14643	208362270	501(C) (3)	10,000.				SEE PART IV
AMERICAN GOLD STAR MOTHERS, INC. 2128 LEROY PLACE NW WASHINGTON, DC 20008	526045308	501(C) (3)	5,800.				SEE PART IV

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

Schedule I-1 (Form 990) 2009

**Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)**

(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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
**UNITED SERVICE ORGANIZATIONS, INC.**

Employer identification number  
**13-1610451**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	292,285.	125,000.	18,477.	17,940.	477,736.	0.
SLOAN GIBSON	(ii)	0.	0.	0.	0.	0.	0.
	(i)	17,019.	200,000.	25,076.	17,940.	261,477.	200,000.
EDWARD POWELL	(ii)	0.	0.	0.	0.	0.	0.
	(i)	209,632.	20,000.	2,574.	37,940.	289,356.	20,000.
JOHN FLANAGAN	(ii)	0.	0.	0.	0.	0.	0.
	(i)	225,827.	20,000.	390.	32,940.	298,530.	20,000.
PHILIP PARISI	(ii)	0.	0.	0.	0.	0.	0.
	(i)	198,132.	20,000.	1,677.	17,550.	258,069.	10,000.
JOHN HANSON	(ii)	0.	0.	0.	0.	0.	0.
	(i)	199,573.	25,000.	897.	17,940.	262,794.	15,000.
DEBORAH CARL	(ii)	0.	0.	0.	0.	0.	0.
	(i)	199,218.	20,000.	390.	17,160.	242,672.	0.
KELLI SEELY	(ii)	0.	0.	0.	0.	0.	0.
	(i)	141,410.	0.	426.	11,169.	159,305.	0.
MARK PHILLIPS	(ii)	0.	0.	0.	0.	0.	0.
	(i)	131,784.	0.	5,357.	10,775.	156,996.	0.
RACHEL TISCHLER	(ii)	0.	0.	0.	0.	0.	0.
	(i)	129,598.	0.	37,127.	13,271.	193,960.	0.
THOMAS KOLSTAD	(ii)	0.	0.	0.	0.	0.	0.
	(i)	125,859.	0.	1,084.	10,140.	153,759.	0.
THOMAS KNOX	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Schedule J (Form 990) 2009

**Part III Supplemental Information**

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

SCHEDULE J. PART I, Q.1A

TRAVEL POLICY

SPOUSAL / COMPANION / FAMILY TRAVEL BY EMPLOYEES IS NOT REIMBURSABLE BY

THE USO, UNLESS SPECIFICALLY AUTHORIZED BY CEO AND IN COMPLIANCE WITH IRS

REGULATIONS. COACH IS THE AUTHORIZED CLASS OF TRAVEL. UPGRADES WILL BE

ALLOWABLE BY EMPLOYEES UNDER THE FOLLOWING CIRCUMSTANCES:

- THE EMPLOYEE PAYS THE DIFFERENCE IN FARE THEMSELVES OR USES

AIR MILES FROM THEIR PERSONAL ACCOUNT.

- MEDICAL CONDITIONS REQUIRE BUSINESS CLASS TRAVEL.

- SAFETY, SERVICE AND ENVIRONMENT ARE CLEARLY INFERIOR. BUSINESS CLASS

TRAVEL IS ALLOWABLE FOR INTERNATIONAL TRAVEL (TRAVEL OUTSIDE OF THE STAFF

MEMBER'S HOME REGION) BY ALL STAFF WHEN TOTAL FLIGHT TIME EXCEEDS 6

HOURS.



**Part III Supplemental Information**

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

SCHEDULE J. PART 1, Q.7

NON-FIXED PAYMENTS NOT DESCRIBED IN QUESTION 5 AND 6.

BONUSES ARE PAID BASED ON PERFORMANCE

SCHEDULE J.

MR. GIBSON GAVE \$54,000 TO USO, INC. AND CHARTERED CENTERS IN 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the Organization  
UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number  
13-1610451

**Part I** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND CALDIERO DIRECTOR	1.00	X						0.	0.	0.
CURT KOLCUN DIRECTOR	1.00	X						0.	0.	0.
GEN. PETER PACE DIRECTOR	1.00	X						0.	0.	0.
SUE TIMKIN DIRECTOR	1.00	X						0.	0.	0.
SLOAN GIBSON PRESIDENT/CEO	60.00			X				435,762.	0.	41,974.
EDWARD POWELL PRESIDENT/CEO	40.00			X				242,095.	0.	19,382.
JOHN FLANAGAN SECRETARY/SVP OPERATIONS	50.00			X				232,206.	0.	57,150.
PHILIP PARISI TREASURER/CFO	50.00			X				246,217.	0.	52,313.
JOHN HANSON SVP COMMUNICATIONS	50.00				X			219,809.	0.	38,260.
DEBORAH CARL SVP HR	50.00				X			225,470.	0.	37,324.
KELLI SEELY SVP DEVELOPMENT	50.00				X			219,608.	0.	23,064.
MARK PHILLIPS VP COMMUNICATIONS	40.00					X		141,836.	0.	17,469.
RACHEL TISCHLER VP ENTERTAINMENT	40.00					X		137,141.	0.	19,855.
MARY KATHY MEJASICH VP CORPORATE ALLIANCES	40.00					X		127,956.	0.	19,440.
THOMAS KOLSTAD VP - PACIFIC REGION	40.00					X		166,725.	0.	27,235.
THOMAS KNOX VP - MAJOR GIFTS & PLANNED GIV	40.00					X		126,943.	0.	26,816.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

TEXT

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

OMB No. 1545-0047

**2009**

**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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .	X		1,066,061.	COST/SELLING PRICE
5 Clothing and household goods . . . . .	X		9,582,485.	COST/SELLING PRICE
6 Cars and other vehicles . . . . .	X	10	55,048.	COST/SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities-Publicly traded . . . . .	X	36	1,110,646.	COST/SELLING PRICE
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution-Historic structures . . . . .				
14 Qualified conservation contribution-Other . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	845,054	3,262,129.	COST/SELLING PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ ) . . . . .				
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

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

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

Schedule M (Form 990) 2009

JSA

9E1298 1.000

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

QUESTION 32B

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

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number

13-1610451

ATTACHMENT 2

MEMBER OR STOCKHOLDER OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 6

THE MEMBERSHIP OF THE USO SHALL CONSIST OF TWO CLASSES OF MEMBERS:

(1) VOTING MEMBERS CONSISTING OF: MEMBERS OF USO'S BOARD OF GOVERNORS  
DURING THEIR TERM OF SERVICE AND

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

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

FORM 990, PART VI, SECTION A, 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 MATTER, SHALL BY BY THE AFFIRMATIVE  
VOTE OF THE MAJORITY OF VOTING MEMBERS PRESENT IN PERSON OR BY PROXY AND  
ENTITLED TO VOTE AT THE MEETING, PROVIDED THOSE PRESENT IN PERSON OR BY  
PROXY CONSTITUTE A QUORUM.

FORM 990 REVIEW PROCESS

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
<u>ATTACHMENT 2 (CONT'D)</u>	

PART VI, SECTION A, LINE 11A

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 2010. MEETING MINUTES REFLECT THE REVIEW AND DISCUSSION OF THE IRS FORM 990 AT THE FINANCE COMMITTEE MEETING HELD IN MAY.

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

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

THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRE USO'S GOVERNORS, OFFICERS AND OTHER EMPLOYEES TO AVOID ANY SITUATION WHICH MAY CONSTITUTE A CONFLICT OF INTEREST, THAT IS, ANY SITUATION IN WHICH AN INDIVIDUAL USES OR COULD USE HIS OR HER POSITION WITH THE USO FOR PERSONAL GAIN TO THE 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 OF DETERMINING COMPENSATION:

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

THE COMPENSATION IS ESTABLISHED BY THE USO 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

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
<u>ATTACHMENT 2 (CONT'D)</u>	

THAT PAID TO COMPARABLE EXECUTIVES OF COMPARABLE ORGANIZATIONS FOR  
COMPARABLE SERVICES AND THEREFORE REASONABLE.

HOW THE ORGANIZATION MAKES ITS GOVERNING DOCS AVAILABLE TO THE PUBLIC  
FORM 990, PART VI, SECTION C, LINE 19  
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USO WEBSITE. THE GOVERNING  
DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

CLARIFICATION OF FUNDRAISING NET LOSS  
FORM 990, PART VIII

NET INCOME FROM FUNDRAISING EVENTS IS \$1,173,582, OF WHICH \$448,350 IS  
ATTRIBUTABLE TO THE ANNUAL USO GALA. THE PRESENTATION OF NET LOSS FROM  
FUNDRAISING EVENTS OF \$827,663 AS SHOWN ON PART VIII LN 8C IS MISLEADING  
DUE TO THE EXCLUSION OF THE PORTION OF GROSS RECEIPTS THAT ARE CONSIDERED  
CONTRIBUTIONS. THESE AMOUNTS ARE REPORTED AS FUNDRAISING EVENTS  
CONTRIBUTIONS ON PART VIII LN 1C. THE CONTRIBUTION PORTION IS CALCULATED  
AS THE DIFFERENCE BETWEEN THE CONTRIBUTOR'S PAYMENT AND THE RETAIL VALUE  
OF WHAT IS PROVIDED FROM THE FUNDRAISING EVENT.

FOREIGN ACTIVITIES

SCHEDULE F, PART I, QUESTION 3(E)

USO'S ACTIVITIES IN EACH OF THE REGIONS LISTED IN COLUMN (A) ARE PROGRAM  
SERVICE RELATED. IN EACH REGION, USO CONDUCTS THE FOLLOWING PROGRAM  
SERVICE ACTIVITY: (A) PROVIDE CARE PACKAGES, TELEPHONE CARDS AND OTHER  
MEANS OF COMMUNICATION TO ALLOW MILITARY PERSONNEL ACCESS TO THEIR  
FAMILIES WHILE AWAY FROM HOME; (B) PROMOTE INTERCULTURAL UNDERSTANDING  
AND ORIENTATION TO NEW COMMUNITIES, CULTURAL AND HISTORICAL TOURS INTO

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

ATTACHMENT 2 (CONT'D)

LOCAL INTERNATIONAL COMMUNITIES; (C) PROVIDE FAMILY AND COMMUNITY RECREATION, REFRESHMENTS, HOLIDAY ACTIVITIES, VIDEOS, MUSIC AND LITERATURE; AND (D) PROVIDE LANGUAGE TRANSLATION, TRANSPORTATION OPTIONS, CURRENCY CONVERSION, AREA MAPS AND GUIDANCE.

HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A

A HOUSING ALLOWANCE WAS PROVIDED IN 2009 TO THOMAS KOLSTAD IN HIS ROLE AS THE REGIONAL VICE PRESIDENT FOR USO OPERATIONS IN THE PACIFIC.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE USO'S MISSION IS TO ENHANCE THE QUALITY OF LIFE OF THE U.S. ARMED FORCES PERSONNEL AND THEIR FAMILIES WORLDWIDE AND TO CREATE A COOPERATIVE RELATIONSHIP BETWEEN U.S. MILITARY COMMUNITIES AND INVOLVED OR SUPPORTING CIVILIAN COMMUNITIES.

ATTACHMENT 4



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

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)4A PROGRAM SERVICE

USO OPERATING CENTERS AND PROGRAMS: USO FACILITIES NUMBERED 140 IN 2009 (INCLUDING 10 MOBILE CANTEENS AND CHARTERED CENTERS). LOCATIONS ARE IN US, EUROPE, ASIA, KUWAIT, AFGHANISTAN, IRAQ, AND PERSIAN GULF. PROVIDE CARE PACKAGES, TELEPHONE CARDS, FREE ACCESS TO THE INTERNET, AND OTHER MEANS OF COMMUNICATION TO ALLOW MILITARY PERSONNEL ACCESS TO THEIR FAMILIES WHILE AWAY FROM HOME. PROMOTE INTERCULTURAL UNDERSTANDING AND ORIENTATION TO NEW COMMUNITIES, CULTURE AND HISTORICAL TOURS INTO LOCAL INTERNATIONAL COMMUNITIES. PROVIDE FAMILY AND COMMUNITY RECREATION, REFRESHMENTS, HOLIDAY ACTIVITIES, VIDEOS, MUSIC, AND LITERATURE. PROVIDE LANGUAGE TRANSLATION, TRANSPORTATION OPTIONS, CURRENCY CONVERSION, AREA MAPS AND GUIDANCE. IN 2009, MILITARY PERSONNEL AND THEIR FAMILIES VISITED USO LOCATIONS MORE THAN 7.7 MILLION TIMES.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BAHRAIN

GERMANY

ITALY

JAPAN

KOREA, REPUBLIC OF (SOUTH)

UNITED ARAB EMIRATES

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

ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WORTH LINEN ASSOCIATES INC 535 FIFTH AVE, 31ST FL. NEW YORK, NY 10017	DIRECT MAIL	4,203,954.
POLARIS DIRECT 300 TECHNOLOGY FLOOR HOOKSET, NH 03106	PRINTING	2,456,963.
INTERNATIONAL DATA MANAGEMENT 490 WHITE POND DRIVE AKRON, OH 44320	DATABASE MANAGEMENT	1,555,703.
PROFESSIONAL MARKETING SERVICES, INC. 200 BENTON STREET STRATFORD, CT 06615	SOURCING/DISTRIB.	1,521,353.
ALEXANDER INTERACTIVE, INC. 200 PARK AVENUE SOUTH, SUITE 908 NEW YORK, NY 10003	WEBSITE DESIGN	775,000.
	TOTAL COMPENSATION	<u>10,512,973.</u>

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED SERVICE ORGANIZATIONS, INC.

Employer identification number 13-1610451

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 6 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity.

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

Schedule R (Form 990) 2009

**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) Depreciable allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		

**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

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

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

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

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

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

	(e) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)	N/A		
(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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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