

### 2022 FINANCIAL REPORT

The USO is a not-for-profit organization and not part of the Department of Defense (DoD). The appearance of DoD visual information does not imply or constitute DoD endorsement.

Start work

# ABOUT THE USO

## The USO strengthens America's military service members by keeping them connected to family, home and country, throughout their service to the nation.

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

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

2022 presented unique challenges as Russia invaded Ukraine, threatening the stability of Europe and our NATO allies. More than 100,000 U.S. service members are now either deployed or permanently stationed across Europe in places like Poland, Romania and Germany; and for many, this meant leaving their homes and loved ones behind. As those numbers increase, the USO continues to offer support and connection with acts of gratefulness, including USO Care Packages, USO2GO Kits, Wi-Fi accessibility and providing service members with a comfortable place to relax at physical USO locations throughout Europe.

The USO is reaching more military members through our Programs, extending our reach virtually and in-person, and finding new, innovative ways to meet the changing needs of today's service members. Globally, the USO increased the number of countries served from 84 to 143, center visits grew by 58% year over year and more than 787,000 unique individuals were served by the USO. Our USO family of volunteers, and contributions from millions of generous Americans, make these successes achievable.

We remain dedicated to delivering high impact programs worldwide, increasing the number of people we serve, and supporting service members and family transitions throughout their service to our nation. In every corner of the world, our service members will know that the USO is always by their side.

#### Our work is America's most powerful expression of gratitude to the men and women who secure our nation's freedoms.

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



## USO BY THE NUMBERS

## 250+ LOCATIONS

## 28 COUNTRIES

United States, Australia, Chad, Djibouti, Germany, Greenland, Honduras, Hungary, Cyprus, Italy, Iraq, Japan, Jordan, Kenya, Kuwait, Lithuania, Niger, Poland, Qatar, Romania, Saudi Arabia, Slovakia, South Korea, Spain, Syria, Turkey, United Arab Emirates, United Kingdom



### USO LOCATIONS IN 38 STATES

(as well as DC and Guam) AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, GUAM, HI, IA, ID, IL, IN, KS, KY, LA, MA, MI, MD, MO, MS, MT, NC, NJ, NV, NY, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WI

### USO SERVICES PROVIDED IN 143 COUNTRIES 54 U.S. STATES/TERRITORIES 7 CONTINENTS

Supported through facilities, outreach programs and entertainment





Total service connections in 2022 worldwide





### 5.8+ MILLION

Center visits

## 4.5+ MILLION

Times service members and families participated in USO programs & services

#### NUMBER OF TIMES SERVICE MEMBERS AND MILITARY FAMILIES PARTICIPATED IN THE FOLLOWING USO PROGRAMS:



**220K** USO2GO

42K



198K USO Care Packages

Entertainment

Transition



8.1K USO Coffee Connections

USO Reading Program Recordings

**320K** USO Gaming

425K

42JN Mobile USO



**3.2K** USO Special Delivery®

**781K** USO Holidays

IBK USO Canine Program

**34K** Program in a Box

#### **USO PROGRAM IMPACT MEASURES:**

Based on survey responses by service members and family members who visited USO centers or participated in USO programs in 2022:



4

## WE GO WHERE THEY GO

USO locations provide a home away from home for service members and their families around the world. Our locations are the foundation for our connection to the military community and enable the USO to also provide outreach support to areas where no physical USO facility exists.



### IN 2022, THE USO OPENED SEVERAL NEW LOCATIONS, INCLUDING:

#### **United States:**

- Camp Grayling Joint Maneuver Training Center, MI
- Dallas Love Field, TX
- DC Armory, DC
- Fort Bliss-Reception
   Lounge, TX
- Fort Hamilton MEPS, NY
- Fort Irwin National Training Center-Rotational Units Bivouac Area, CA
- Joint Base San Antonio/Fort Sam

Houston-Camp Bullis-Courage, TX

- Joint Base San Antonio/Fort Sam Houston-Camp Bullis-Defender, TX
- Joint Base San Antonio/Fort Sam Houston-Camp Bullis-Warrior, TX
- Little Rock Military Entrance Processing Station
- Marine Corps Base
   Quantico-Main, VA
- Waynesville-St.
   Robert Regional Airport, MO

#### **Overseas:**

- Al-Tanf Garrison, Syria
- Camp Mielec, Poland
- Camp Turzii Air Base, Romania
- Combat Outpost RLZ, Syria
- Drawsko Pomorskie
   Training Area, Poland
- Lest Training Area, Slovakia
- Life Support Area North, Poland

- Life Support Area
  South, Poland
- Siauliai Air Base, Lithuania
- Soto Cano Air Base, Honduras
- T2 Outpost, Syria
- Thule Air Base, Greenland
- U.S. Army Garrison
   Ansbach-Katterbach,
   Germany
- U.S. Army Garrison Bavaria-Camp Kasserine, Germany

## FINANCIAL STEWARDSHIP

Consolidated Statement of Financial Position, December 31, 2022 \*(in thousands)

#### Assets

17,786
35,954
6,984
169,967
21,404
6,920
259,015
18,769
151,686
88,560
240,246
259,015

A summary of the USO's 2022 program service accomplishments can be found in Part III of the USO's 2022 IRS Form 990 available at: uso.org/about/financial-statements The consolidated statements of financial position and activities and changes in net assets reflect the accounts of USO, Inc., the USO Foundation and its domestic and overseas operating centers. The complete consolidated financial statements, accompanying notes thereto and independent auditors' report as of and for the year ended December 31, 2022, as performed by Grant Thornton LLP, are available at: uso.org/about/financial-statements. Consolidated Statement of Activities and Changes in Net Assets, year ended December 31, 2022 \*(in thousands)

Support and Revenue	Without Donor Restrictions	With Donor Restrictions	Total
Contributions:	Restrictions	Restrictions	lotal
Corporate, foundation and individual giving	44,683	13,264	57,947
Direct response	50,974	7,932	58,906
United Way and CFC	320	-	320
Contributed materials, facilities and services	58,712	-	58,712
Grants	24,390	-	24,390
USO center revenue	413	-	413
Investment return, net	(11,923)	(9,592)	(21,515)
Other income	294	-	294
Net assets released from restriction	21,428	(21,428)	-
	189,291	(9,824)	179,467
Operating and Supporting Expenses			
Program Services:			
USO Centers	76,912	-	76,912
Transition programs	5,283	-	5,283
Military families & expeditionary programs	6,964	-	6,964
Contributed materials, facilities and services	59,758	-	59,758
Entertainment	3,236	-	3,236
Communications and public awareness outreach	13,790	-	13,790
Total Program Services	165,943		165,943
Supporting Services:			
Fundraising	33,386	-	33,386
Management and general	14,583	-	14,583
Total Operating and Supporting Expenses	213,912		213,912
Change in Net Assets	(24,621)	(9,824)	(34,445)
Net Assets , beginning of year	176,307	98,384	274,691
Net Assets, end of year	151,686	88,560	240,246

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Form <b>990</b>
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#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
Ba	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	united service organizations, inc.			
	Name			13-1610451	
	Initial		Room/suite	E Telephone number	r
	Final returr	/ 2111 WILSON BLVD	#1200	(703) 908-64	00
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	170,924,434.	
	Amer	ARDINGION, VA 22201		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer. 5.5. CROSCH, 11		for subordinates	? Yes 🗴 No
	pendi			H(b) Are all subordinates in	icluded? Yes No
11	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemptio	n number 1291
		f organization: X Corporation Trust Association Other	L Year	of formation: 1941	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: <u>THE US</u> MILITARY SERVICE MEMBERS (CONTINUED IN SCHEDULE O)	O STRENGI	HENS AMERICA'S	
Governance	2	Check this box if the organization discontinued its operations or disposed	ad of more	than 05% of its not as	ata .
/err	2				38
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)		37	
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		967	
ties	6	Total number of volunteers (estimate if necessary)			18686
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		177,913,335.	154,091,511.
Revenue	9	Program service revenue (Part VIII, line 2g)		363,825.	422,814.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		384,050.	428,597.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-284,328.	-502,780.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		178,376,882.	154,440,142.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,740,246.	2,830,431.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		70,813,366.	73,854,312.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		2,382,702.	1,973,604.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 31,833,			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,087,571.	87,938,053.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		162,023,885.	166,596,400.
	19	Revenue less expenses. Subtract line 18 from line 12		16,352,997.	-12,156,258.
S OF			Be	ginning of Current Year	End of Year
Assets - Balanc	20	Total assets (Part X, line 16)		122,875,753.	114,377,618.
it As	-	Total liabilities (Part X, line 26)		13,985,399.	18,724,798.
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		108,890,354.	95,652,820.
1 Pa	art 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.

	COPY-DO NOT FILE									
Sign	Signature of officer	Date								
Here	KRISTINE SHUMACK, TREASURER, CFO									
	Type or print name and title									
Paid	Print/Type preparer's name MARY TORRETTA	Preparer's signature O Jourto	Date 8/23/2023	Check PTIN if self-employed P00847851						
Preparer	Firm's name GRANT THORNTON LLP		Firm's	sEIN 36-6055558						
Use Only	Firm's address 1000 WILSON BOULEVARD, SU	ITE 1500								
	ARLINGTON, VA 22209	Phon	e no.(703) 847-7500							
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or			Taxpayer	identificati	on number	(TIN)	
print	UNITED SERVICE ORGANIZATIONS, INC.					13-1610451	
File by the due date fo filing your		ee instruct	tions.				
return. See instructions	City, town or post office, state, and ZIP code. For a for ARLINGTON, VA 22201	oreign addi	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	te application for each return)				0 1
Applicat	tion	Return	Application			F	Return
ls For		Code	Is For				Code
Form 99	0 or Form 990-EZ	01	Form 1041-A				08
Form 47	20 (individual)	03	Form 4720 (other than individual)				09
Form 99	0-PF	04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870				12
Form 99	0-T (corporation)	07					
	KRISTINE SHUMACK, TREA						
• If this box 1 I r th	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga	Group Exe and atta NOVEMBE anization's, an	mption Number (GEN), . uch a list with the names and TINs of <u>R 15, 2023</u> , to file return for: Id ending	f this is fo all membe	r the whole ers the exte npt organiza	group, che nsion is for	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
	y nonrefundable credits. See instructions.	and a set	, we firme all the same all the same all	<u>3a</u>	\$		0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069				•		0.
	timated tax payments made. Include any prior year overp			3b	\$		۰.
	alance due. Subtract line 3b from line 3a. Include your pa	•		0.	¢		0.
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		
instruction	: If you are going to make an electronic funds withdrawal ons.	(airect det	Dit) with this form 8868, see form 84	+53-1 E and	a ⊢orm 8879	9-1E for pay	yment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev.	1-2022)

223841 04-01-22

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Form 990 (2022) UNITED SERVICE ORC UNITED SERVICE ORGANIZATIONS, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	L
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
232003	12-13-22	Form	<b>330</b> (	(2022)

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Form 990 (2022) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		A
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5 h	х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 202			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

	990 (2	022) UNITED SERVICE ORGANIZATIONS, INC.	13-161045	1	Р	age <b>5</b>
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for	or the calendar year ending with or within the year covered by this return	<b>2a</b> 967			
b	If at le	ast one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did th	e organization have unrelated business gross income of $1,000$ or more during the year? $\dots$		3a		X
b	lf "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	financ	ial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a	Х	
b	lf "Yes	s," enter the name of the foreign countrySEE_SCHEDULE_O				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
с	lf "Yes	s" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any co	ontributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes	s," did the organization include with every solicitation an express statement that such contributi				
	were r	not tax deductible?	-	6b		
7	Orgar	nizations that may receive deductible contributions under section 170(c).				
а	Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a	х	
b				7b	х	
с	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file	Form 8282?		7c		x
d		s," indicate the number of Forms 8282 filed during the year	7d			
е		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		x
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Spon	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	spons	oring organization have excess business holdings at any time during the year?		8		
9	Spon	soring organizations maintaining donor advised funds.				
а	Did th	e sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section	on 501(c)(7) organizations. Enter:				
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a			
b	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section	on 501(c)(12) organizations. Enter:				
а	Gross	income from members or shareholders	11a			
b		income from other sources. (Do not net amounts due or paid to other sources against				
	amou	nts due or received from them.)	11b			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	lf "Yes	s," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.				
а		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Schedule O.				
b		the amount of reserves the organization is required to maintain by the states in which the	1 1			
		ization is licensed to issue qualified health plans	13b			
С		the amount of reserves on hand	13c			
14a				14a		X
b		s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>
15		organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
		s parachute payment(s) during the year?		15		X
		s," see the instructions and file Form 4720, Schedule N.				v
16		organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
4-		s," complete Form 4720, Schedule O.	1. 11			
17		on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
		rould result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		s," complete Form 6069.		Farm	900	(2022)
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	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management			<u></u>		
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		38		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?					x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		-		х	
b	Each committee with authority to act on behalf of the governing body?				х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	<i>,</i>		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization				Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedCA, CO, CT, GA, GU, HI, I	L,KY,	LA, MA, MI, MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		( ) ( )	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	X       Own website       Another's website       X       Upon request       Other (explain)	on Sr	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			, and finan	cial	
-	statements available to the public during the tax year.			,		
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
20						
20	KRISTINE SHUMACK, TREASURER / CFO - 703-908-6400					
20	KRISTINE SHUMACK, TREASURER / CFO - 703-908-64002111 WILSON BLVD #1200, ARLINGTON, VA22201					

Form 990 (2022)	UNITED SERVICE ORGANIZATIONS, INC.	13-1610451	Page 1						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	es, and Independent Contractors								
Check if Sc	hedule O contains a response or note to any line in this Part VII								
Section A. Officers, E	Directors, Trustees, Key Employees, and Highest Compensated Employe	es							
1a Complete this table	for all persons required to be listed. Report compensation for the calendar ye	ear ending with or within the organization's	s tax year.						
List all of the orga	nization's current officers, directors, trustees (whether individuals or organiz	zations), regardless of amount of compens	ation.						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l	inza			iper	ioutt			(=)
(A)	(B)			(C Pos	<b>C)</b> ition			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unle: cer ar					compensation	compensation	amount of
	week (list any	or					Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	om pei		1099-NEC)	,	and related
	below	idual	Institutional trustee	er	Key employee	est cc oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) DR. J.D. CROUCH, II	50.00									
PRESIDENT & CEO	0.00	х		х				705,905.	0.	176,483.
(2) ALAN REYES	50.00									
C00	0.00				х			424,084.	0.	57,916.
(3) KRISTINE SHUMACK	48.00									
TREASURER / CFO	2.00			х				355,065.	0.	56,259.
(4) TAMMY HEISER	50.00									
SECRETARY / SVP, HUMAN RESOURCES	0.00			х				321,113.	0.	54,917.
(5) BRIAN COWART	50.00									
CDMO (BEG 1/2022)	0.00				х			317,318.	0.	50,351.
(6) CHRISTOPHER PLAMP	50.00									
SVP, OPS, PROGRAMS & ENTERTAINMENT	0.00				х			319,013.	0.	32,157.
(7) JAMES WHALEY	50.00									
REGIONAL PRESIDENT (SE)(THRU 8/2022)	0.00					x		321,650.	0.	18,380.
(8) BRIAN COOK	50.00									
VP, DIRECT RESPONSE	0.00					х		296,076.	0.	29,996.
(9) ALISON RUBLE	50.00									
REGIONAL PRESIDENT (MIDWEST)	0.00					х		287,990.	0.	34,601.
(10) GARY COLE	50.00									
REGIONAL PRESIDENT (CENTRAL)	0.00					X		273,194.	٥.	48,094.
(11) VIRGINIA BURNLEY	50.00									
SVP, GOVT REL AND EXT AFFAIRS	0.00				х			272,504.	0.	48,353.
(12) ROBERT KURKJIAN	50.00									
REGIONAL PRESIDENT (WEST)	0.00					x		271,804.	0.	33,749.
(13) GEN. GEORGE CASEY (RET.)	2.00									
CHAIRMAN OF THE BOARD	0.00	х						0.	0.	٥.
(14) SGT. MAJ. CARLTON KENT, (RET.)	1.00									
DIRECTOR	0.00	х						0.	0.	٥.
(15) COURTNEY L. BILLINGTON	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) GEN. CRAIG R. MCKINLEY (RET.)	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) DAWN HALFAKER	2.00									
DIRECTOR	0.00	х						٥.	Ο.	0.
222007 10 12 20										Form <b>990</b> (2022)

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Form 990 (2022)

#### 12130919 153424 0170656-00001

Form 990 (2022) UNITED SERVIC	E ORGANIZA	TIO	NS,	IN	c.				13-16	1045	1	Pag	e <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable			mated	
	hours per			heck r ss per				compensation	compensatio			ount of	
	week			nd a di				from	from related			ther	
	(list any	ctor						the	organizations			ensatio	n
	hours for	direc				p		organization	(W-2/1099-MIS	I		m the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	nizatior	ı
	organizations	trust	al tru		yee	ampe		1099-NEC)			and	related	
	below	In dividual trustee or director	Institutional trustee	5	ƙey employee	est co oyee	er				orgar	ization	s
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				-		
(18) JED F. BECKER	1.00												
DIRECTOR	2.00	Х						0.		٥.			٥.
(19) DON COOKE	1.00												
DIRECTOR	0.00	Х						0.		٥.			Ο.
(20) FRED L. STOKES	1.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
(21) GEN. DAVID L. GOLDFEIN (RET.)													
DIRECTOR	0.00	х						0.		٥.			Ο.
(22) GERRY BYRNE	1.00												<u> </u>
DIRECTOR	0.00	x						0.		٥.			Ο.
		~						0.		<u> </u>			<u> </u>
(23) GINGER MILLER	1.00												•
DIRECTOR	0.00	х						0.		0.			٥.
(24) GREGG WARD	2.00												
DIRECTOR	0.00	Х						0.		٥.			0.
(25) JAMES HAMILTON	2.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
(26) JEFF KNITTEL	1.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
the Outstand								4,165,716.		0.	f	541,25	_
								0.		0.			0.
c Total from continuation sheets to Part VI								4,165,716.		0.		541,25	
d Total (add lines 1b and 1c)								, ,				, 41, 23	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			~ ~
compensation from the organization													.39
										r		Yes N	lo_
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	ey e	empl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3	2	<u>x</u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	Jf	or such individual			4	x	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com											5	2	x
Section B. Independent Contractors	olete Genedali	201	5/ 50		10/3					<u> </u>			
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fror	n	
the organization. Report compensation for t									•				
	ne calendar ye		, i i u ii	ig w							(0)		
(A) Name and business	address							<b>(B)</b> Description of s	ervices	C	(C) ompens		
sg360							_	Becomption of a			ompon	Jacon	—
	C 7 4							DN DDODUGETON			2 (		
9279 PAYSPHERE CIRCLE, CHICAGO, IL 60674 DM PRODUCTION								3,6	567,59	3.			
SOUTHWEST PUBLISHING													
4000 SE ADAMS STREET, TOPEKA, KS 6660	)9						_	DM PRODUCTION			2,1	.72,01	.6.
ANNE LEWIS STRATEGIES LLC													
650 MASSACHUSETTS AVE, WASHINGTON, DO	20001							FUND CONSULTANT			1,6	587,11	.0.
ICS CORPORATION, 100 FRIARS BOULEVARI	),												
WEST DEPTFORD, NJ 08086							ŀ	DM PRODUCTION			1,6	539,18	6.
DATA AXLE INC													—
PO BOX 3243, OMAHA, NE 68103								DM PRODUCTION			1,5	599,91	.3.
2 Total number of independent contractors (ir	cluding but no	ot lir	nited	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	\$100,000 of compensation from the organization 58												
SEE PART VII, SECTION A CONTINU		TS									Form 9	90 (20)	22)
												•	

Part VII Section A. Officers, Directors, Tru	stees. Kev Er	nplo	vee	s. a	nd H	liah	est (	Compensated Employe	ees (continued)	
(A)	(B)		<u>,</u>		C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	stee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	om per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pen sated em ployee	ler			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) LEANNE CARET	1.00									
DIRECTOR	0.00	х						٥.	0.	0
(28) LTG WILLIAM J.LENNOX, JR (RET.)	1.00									
DIRECTOR	0.00	х						0.	0.	0
(29) MANNY PINEIRO	1.00								0	0
DIRECTOR (30) MARILYN COHEN	0.00	Х						0.	0.	0
DIRECTOR	0.00	x						0.	0.	0
(31) MARK RAHIYA	1.00								••	0
DIRECTOR	0.00	x						0.	0.	0
(32) MARSHALL NADEL	1.00									
DIRECTOR	0.00	x						٥.	0.	0
(33) MARY A. WINNEFELD	1.00									
DIRECTOR	0.00	х						0.	0.	0
(34) MARY PETRYSZYN	2.00									
DIRECTOR	0.00	Х						0.	0.	0
(35) MATTHEW BROMBERG	1.00									
DIRECTOR	0.00	х						0.	0.	0
(36) MG FRANK D. VAVALA (RET.)	1.00									
DIRECTOR	0.00	х						0.	0.	0
(37) MICHAEL P. EMMERT	1.00							0	0	0
DIRECTOR (38) ORLAN BOSTON	0.00	X						0.	0.	0
DIRECTOR	0.00	x						0.	0.	0
(39) PATRICK ABRAM	1.00	~						0.	0.	0
DIRECTOR	0.00	x						0.	0.	0
(40) PAUL MCQUILLAN	1.00							<b>```</b>	<b>·</b>	
DIRECTOR	0.00	x						0.	0.	0
(41) R. GIL KERLIKOWSKE	1.00									
DIRECTOR	0.00	x						0.	0.	0
(42) REBEKAH G. SANDERLIN	1.00									
DIRECTOR	0.00	х						0.	0.	0
(43) ROBIN LINEBERGER	2.00									
DIRECTOR	0.00	Х						٥.	0.	0
(44) TINA W. JONAS	2.00									
DIRECTOR	0.00	х						0.	0.	0
(45) WILLIAM J. LYNN, III	2.00									
DIRECTOR	1.00	х						0.	0.	0
(46) MICHAEL QUIGLEY	1.00								_	_
DIRECTOR (BEG 11/2022)	0.00	X						0.	0.	0

Form 990 UNITED SERVIC									13-16104	151
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (		. ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per						y)	from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	i dual 1	ution	ы ы	Key employee	est co	er			e.gamzanene
	line)	Indiv	Insti	Officer	Key	High	Former			
(47) WILLIAM ROBERTI	1.00									
DIRECTOR (BEG 11/2022)	0.00	х						0.	0.	0.
(48) FRANK ST. JOHN	1.00									
DIRECTOR (BEG 11/2022)	0.00	х						٥.	0.	0.
(50) MICHAEL DIPPOLD	1.00									
DIRECTOR (BEG 11/2022)	0.00	х						0.	0.	0.
		l								
					<u> </u>					
						-				
					<u> </u>					
					-	-				
		1								
	1	I	I	I	L	I				
Total to Part VII, Section A, line 1c										
								1		

232201 04-01-22

			Check if Schedule O c					(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
Ś	1	а	Federated campaigns		1a		320,402.				
and Other Similar Amounts	-		Membership dues			-					
e E			Fundraising events				3,088,711.				
ΒL			<b>-</b> · · · · · · · · · · · · · · · · · · ·		10		2,945,627.				
nila			Government grants (contri				24,390,476.				
5			All other contributions, gifts, g								
iner			similar amounts not included				123,346,295.				
Ö		g	Noncash contributions included in li			\$	10,923,859.				
anc		h	Total. Add lines 1a-1f					154,091,511.			
							Business Code				
	2	а	USO CENTER				900099	422,814.	422,814.		
đ		b									
nu		с									
eve		d									
Revenue		е									
		f	All other program service r	rever	nue						
		g	Total. Add lines 2a-2f					422,814.			
	3		Investment income (includ	ing o	dividends	, intere	est, and				
								487,223.			487,2
	4		Income from investment or				F				
	5		Royalties	·····							
					(i) Re	eal	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
	7		Rental income or (loss)	6c							
			Net rental income or (loss)	·····							
		а	Gross amount from sales of	_	(i) Secu		(ii) Other				
		_	assets other than inventory	7a	14,962	,459.	21,776.				
		b	Less: cost or other basis		14 000	,989,188. 5					
				7b 7с		,100. ,729.					
			( /					-58,626.			-58,6
	~		Net gain or (loss)				1	-58,020.			-58,0
	8	а	Gross income from fundraisin including \$ 3,0	•							
'			contributions reported on								
			•		,	8a	633,056.				
		h	Part IV, line 18 Less: direct expenses			. <u>oa</u> 8b					
			Net income or (loss) from f			· –		-805,077.			-805,0
	9		Gross income from gaming					,			/-
	5	-	Part IV, line 19	-			16,260.				
		þ	Less: direct expenses								
			Net income or (loss) from g				, ,	12,962.			12,9
	10		Gross sales of inventory, le					,			
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from s								
T							Business Code				
ð	11	а	MISCELLANEOUS INCOM	E			900099	289,335.			289,3
ŝnu		b									
Revenue		с									
н		d	All other revenue								
			Total. Add lines 11a-11d					289,335.			
	12		Total revenue. See instructio	ne				154,440,142.	422,814.	0.	-74,1

UNITED SERVICE ORGANIZATIONS, INC.

Form 990 (2022)

2022.04020 UNITED SERVICE ORGANIZATI 01706561

13-1610451

Page 9

UNITED SERVICE ORGANIZATIONS, INC.

Page **10** 13-1610451

	Check if Schedule O contains a response			(0)	X (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,830,431.	2,830,431.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,942,890.	1,444,316.	1,039,557.	459,017
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,377,896.	43,268,382.	4,604,462.	9,505,052
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	3,902,773.	2,917,298.	312,935.	672,540
9	Other employee benefits	5,113,803.	3,933,364.	475,577.	704,862
10	Payroll taxes	4,516,950.	3,441,405.	375,247.	700,298
11	Fees for services (nonemployees):	, , , -	, , , .	,	,
a					
b	-	788,723.	250,713.	304,251.	233,759
		301,884.		301,884.	
	Accounting	126,000.	126,000.		
	Lobbying	1,973,604.	120,000.		1,973,604
-	Professional fundraising services. See Part IV, line 17			24,274.	1,975,004
f	Investment management fees	24,274.		24,274.	
g	Other. (If line 11g amount exceeds 10% of line 25,	7 074 100	4 700 054	050 000	1 516 001
	column (A), amount, list line 11g expenses on Sch 0.)	7,274,133.	4,798,254.	958,888.	1,516,991
12	Advertising and promotion	3,409,277.	1,413,373.	1 205 020	1,995,904
13	Office expenses	9,598,194.	7,125,649.	1,386,938.	1,085,607
14	Information technology	5,639,537.	4,153,971.	693,292.	792,274
15	Royalties				
16	Occupancy	2,127,846.	1,240,569.	359,475.	527,802
17	Travel	3,656,153.	3,005,754.	165,377.	485,022
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	896,835.	500,852.	124,666.	271,317
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,265,836.	4,988,180.	104,418.	173,238
23	Insurance	823,025.	610,071.	74,342.	138,612
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES AND SERVICES	26,699,963.	26,699,963.		
b	PRINTING AND PRODUCTION	18,423,123.	5,841,495.	2,914,407.	9,667,221
с	RENTAL AND MAINTENANCE	1,071,805.	1,026,602.	36,352.	8,851
d	SUB., DUES, TRAINING	624,644.	343,590.	160,768.	120,286
е	All other expenses	1,186,801.	257,918.	127,811.	801,072
25	Total functional expenses. Add lines 1 through 24e	166,596,400.	120,218,150.	14,544,921.	31,833,329
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	22,434,415.	8,653,652.	4,261,784.	9,518,979

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232010 12-13-22

#### 12130919 153424 0170656-00001

Form 990 (2022)

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Form 990 (2022)

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

108,890,354.

122,875,753.

29

30

31

32

33

95,652,820.

114,377,618.

Form 990 (2022)

#### Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 2,768,296. 2,476,384. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3,347,144. 9 4,264,896. **10a** Land, buildings, and equipment: cost or other 51,741,102. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 30,337,072. 22,269,318. 21,404,030. b Less: accumulated depreciation 10b 10c 27,411,546. 25,604,777. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 7,162,854. 303,422. Other assets. See Part IV, line 11 15 15 122,875,753. 114,377,618. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 13,900,399. 9,193,980. Accounts payable and accrued expenses 17 17 18 18 Grants payable 85,000. 25,000. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 9,505,818. of Schedule D 25 13,985,399. 18,724,798. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 84,578,022. 70,130,189. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 24,312,332. 25,522,631. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

UNITED SERVICE ORGANIZATIONS, INC. Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

13-1610451

(B)

End of year

3,397,590.

14,388,761.

35,531,396.

146,930.

(A)

Beginning of year

6,860,447.

30,450,763.

29,236,738.

228,079.

1

2

3

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Page **11** 

Form	990 (2022) UNITED SERVICE ORGANIZATIONS, INC.	13-161045	1	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,	440,	142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,	596,	400.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,	156,	258.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	108,	890,	354.
5	Net unrealized gains (losses) on investments	5	-	996,	520.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-84,	756.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	95,	652,	820.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		$\square$
		ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2022)

SCHEDULE A
------------

Department of the Treasury Internal Revenue Service

(Form 990)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public

Inspection

#### Name of the organization

Nan	ne of t	the organization						Employer	identification number				
			SERVICE ORGANI						13-1610451				
Pa	irt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.					
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).						
4		A medical research organiz						)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	-					ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	-		Ū.			<b>.</b>					
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		-				ed in conju	inction with a	land-grant	college				
		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem											
		income and unrelated busir		-					-				
		See section 509(a)(2). (Con	mplete Part III.)					-					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting				
		organization. You must c	complete Part IV, Se	ections A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.						
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	reness				
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information											
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
Tota													
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022				

Part II

UNITED SERVICE ORGANIZATIONS, INC.

13-1610451 Page **2** 

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	133,661,905.	146,550,901.	157,160,575.	177,913,335.	154,091,511.	769,378,227.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	133,661,905.	146,550,901.	157,160,575.	177,913,335.	154,091,511.	769,378,227.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						769,378,227.
Sec	ction B. Total Support	<del></del>	<b></b>		1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	133,661,905.	146,550,901.	157,160,575.	177,913,335.	154,091,511.	769,378,227.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	935,663.	644,502.	523,906.	340,022.	487,223.	2,931,316.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	373,047.	631,099.	392,119.	1,034,723.	938,651.	
	Total support. Add lines 7 through 10		-				775,679,182.
	Gross receipts from related activities,					12	3,076,501.
13	First 5 years. If the Form 990 is for the	•	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
800	organization, check this box and stor						<u></u>
	ction C. Computation of Public			(1)			99.19 %
	Public support percentage for 2022 (I					14	,,,
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	/0
108							T
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the		-			or more, check thi	······
D	and stop here. The organization qual	-					
170						and line 14 is 10%	
178	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ь	meets the facts-and-circumstances test	-		• • • •	-	7a and line 15 is 1	
D D	<ul> <li>10% -facts-and-circumstances test more, and if the organization meets the</li> </ul>	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s
10		did not oneon a l		a, 100, 170, 01 170	, show this box a		
							,

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	I	1		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
<b>15</b> Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	top here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22					Sched	lule A (Form 990) 2022
		17	1			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

18

232024 12-09-22

| 10b | | Schedule A (Form 990) 2022 UNITED SERVICE ORGANIZATIONS, INC.

13-1610451 Page **5** 

Yes

1

2

No

No

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

# Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s)* effectively operated, supervised, or controlled the organization's activities. *If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.* Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insi
---

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	).
------------	--	---	--	----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22 
 Yes
 No

 2a

 2a

 2b

 3a

 3b

Schedule A (Form 990) 2022

12130919 153424 0170656-00001

Part V	Type II	Non-	Functionally In	tegrated	1509(a)(3)	Supporti	ng Organizations
Schedule A	(Form 990	) 2022 (	UNITED	SERVICE	ORGANIZATI	ONS, INC	•

Part V Type III Non-Functionally Integrated 509(a)(3) Support			
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
			/

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

Schedule A (Form 990) 2022

232026 12-09-22

	Amounts paid to supported organizations to accomplish exe	inpi puiposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pr	5		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
-	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Carryover from 2017 not applied (see instructions)			
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2022, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
'	and 4c.			
0				
	Breakdown of line 7:			
	Excess from 2018			
0	Excess from 2019			

Schedule A (Form 990) 2022

232027 12-09-22

c Excess from 2020 d Excess from 2021 e Excess from 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

**Current Year** 

1

13-1610451 Page **8** 

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

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

MISC INCOME		
2018 AMOUNT: \$ 131,791.		
2019 AMOUNT: \$ 183,776.		
2020 AMOUNT: \$ 285,430.		
2021 AMOUNT: \$ 214,924.		
2022 AMOUNT: \$ 289,335.		
FUNDRAISING & GAMING EVENTS		
2018 AMOUNT: \$ 228,937.		
2019 AMOUNT: \$ 443,114.		
2020 AMOUNT: \$ 106,614.		
2021 AMOUNT: \$ 819,254.		
2022 AMOUNT: \$ 649,316.		
GROSS SALES OF INVENTORY		
2018 AMOUNT: \$ 12,319.		
2019 AMOUNT: \$ 4,209.		
2020 AMOUNT: \$ 75.		
2021 AMOUNT: \$ 545.		
2022 AMOUNT: \$ 0.		
232028 12-09-22	22	Schedule A (Form 990) 2022

12130919 153424 0170656-00001

#### \*\* PUBLIC DISCLOSURE COPY \*\*

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

UNI	TED SERVICE ORGANIZATIONS, INC.	13-1610451				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					

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

	527	political	organization
--	-----	-----------	--------------

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**

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of o	rganization	Employer identification number
UNITED S	ERVICE ORGANIZATIONS, INC.	13-1610451
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 24,390,476.       Person X         \$ 24,390,476.       Payroll I         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$3,105,052.       Person X         Payroll I       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$     Person       \$     Payroll       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person       \$

Page 2

223452 11-15-22

Schedule B (Form 990) (2022)

Name of or	ganization	Employer identification number	
UNITED S	ERVICE ORGANIZATIONS, INC.		13-1610451
Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

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223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Page 4

ame of organization		Employer identification numb		
IITED SERVICE ORGANIZATIONS, INC.		13-1610451		
	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or lease	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye . For organizations ss for the year. (Enter this info. once.) \$		
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
a) No. irom(b) Purpose of gift	(a) Line of sift	(d) Description of how gift is hold		
art I	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
Transferee's name, address, a	Transferee's name, address, and ZIP + 4			

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SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047
(Form 990)					
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.				
Department of the Treasury Internal Revenue Service	ent of the Treasury				Inspection
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campaig	gn Activities), then
-		plete Parts I-A and B. Do not co			
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	)1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-l	В.
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete	e Part I-A only.			
If the organization ansy	wered "Yes," or	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activit	ies), then
	5	nave filed Form 5768 (election ur		•	•
	5	nave NOT filed Form 5768 (elect	t t	<i>"</i> 1	•
•	-	Form 990, Part IV, line 5 (Prox	xy Tax) (See separate	instructions) or Form 9	90-EZ, Part V, line 35c (Proxy
Tax) (See separate inst		ions: Complete Part III.			
Name of organization	), 01 (0) 01ga11zat			E	mployer identification number
name er ergamzanen	UNITED SERV	VICE ORGANIZATIONS, INC.			13-1610451
Part I-A Compl		anization is exempt und	er section 501(c)	or is a section 527	
•		•			
1 Provide a descripti	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
2 Political campaign	0	•			\$
3 Volunteer hours for	political campai				
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)(	(3).	
		incurred by the organization unc			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," describe in Part I-C Completion		anization is exempt und	er section 501(c)	except section 50	1(c)(3)
-		•		-	
		by the filing organization for se- ization's funds contributed to ot			\$
exempt function ac					\$
		. Add lines 1 and 2. Enter here a			Ŷ
	-				\$
					Yes No
5 Enter the names, a	ddresses and en	nployer identification number (El			
made payments. Fo	or each organiza	tion listed, enter the amount pai	d from the filing organi	zation's funds. Also enter	r the amount of political
		omptly and directly delivered to a		· ·	arate segregated fund or a
		additional space is needed, prov			
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter	
				,	delivered to a separate
					political organization. If none. enter -0

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

Schedule C (Form 990) 2022

232041 11-08-22

		RGANIZATIONS, INC			610451 Page <b>2</b>
Part II-A Complete if the orga	anization is exe	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organizat	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check if the filing organizat	tion checked box A a	nd "limited control" pro	visions apply.		1
Limit	s on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		unts paid or incurred.)		organization's totals	totals
				101213	
<b>1a</b> Total lobbying expenditures to influ	ence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ				126,000.	
c Total lobbying expenditures (add lir				126,000.	
<b>d</b> Other exempt purpose expenditure				120,092,150.	
e Total exempt purpose expenditures				120,218,150.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) or		bying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.	<b>.</b>		
Over \$500,000 but not over \$1,000	<u> </u>	00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
				250,000.	
g Grassroots nontaxable amount (ent	, ,			230,000.	
<ul> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> </ul>				0.	
j If there is an amount other than zer		ling 11 did the organize			
reporting section 4911 tax for this				Г	Yes No
		eraging Period Under		L	
(Some organizations th			• •	of the five columns be	low.
	See the separ	ate instructions for lin	ies 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year					
(or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
	1 000 000	1 000 000	1 000 000	1 000 000	4 000 000
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount					6 000 000
(150% of line 2a, column(e))					6,000,000.
Tabal labor in a surger difference	223 680	161 609	154 595	126 000	665 893
c Total lobbying expenditures	223,689.	161,609.	154,595.	126,000.	665,893.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount	,,				_,,
(150% of line 2d, column (e))					1,500,000.
					. , .
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

232042 11-08-22

# 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)).

of th	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
				Yes	No
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?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3	1:00	
Fa	rt III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
-	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
а					
	Carryover from last year				
b	Carryover from last year		2b		
	Total		2b 2c		
b c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b 2c		
b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess	2b 2c		
b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ess olitical	2b 2c 3		
b c 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditures next year?	ess olitical	2b 2c		
b C 3 4 5	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ess olitical	2b 2c 3 4		
b 3 4 5 Pa	Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc         does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and point expenditures next year?         Taxable amount of lobbying and political expenditures. See instructions <b>Kt IV</b>	ess olitical	2b 2c 3 4 5	nd 2 (See	
b C 3 4 5 Pai Prov	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po- expenditures next year? Taxable amount of lobbying and political expenditures. See instructions	ess olitical	2b 2c 3 4 5	nd 2 (See	

LOBBYING ACTIVITY

THE USO LOBBIES FOR CONGRESSIONAL APPROPRIATIONS.

Schedule C (Form 990) 2022

232043 11-08-22

		0			OMB No. 1545-0047
SC	HEDULE D		al Financial Statements	OMB NO. 1545-0047	
(Forr	n 990)		nization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
Depart	ment of the Treasury	Α	Attach to Form 990.	Open to Public	
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information.		Inspection
Nam	e of the organization	ON UNITED SERVICE ORGANIZATION	IS, INC.	Empl	oyer identification number 13-1610451
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	count	S. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.		
			(a) Donor advised funds (	<b>b)</b> Fund	s and other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Aggregate value at	t end of year			
5	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
6	0	<b>0</b>	dvisors in writing that grant funds can be used or		
			or donor advisor, or for any other purpose conferri	•	
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV,	lino 7	Yes No
1		servation easements held by the organization			
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	rically in	moortant land area
		f natural habitat	Preservation of a certit	-	
		of open space			
2		• •	fied conservation contribution in the form of a cor	nservati	on easement on the last
_	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b				2b	
с	Number of conserv		ucture included in (a)	2c	
d		vation easements included in (c) acquired a			
	historic structure li	sted in the National Register		2d	
3	Number of conserv	vation easements modified, transferred, rel	leased, extinguished, or terminated by the organiz	zation d	uring the tax
	year				
4		where property subject to conservation eas			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of		
	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easen	nents during the year
7	Amount of expens	—— es incurred in monitoring, inspecting, hance	lling of violations, and enforcing conservation eas	sements	during the year
8			ve satisfy the requirements of section 170(h)(4)(B)	(i)	
	and section 170(h)				Yes No
9		-	on easements in its revenue and expense statem		
			note to the organization's financial statements that	at descr	bes the
Pa	rt III Organization's acco	ounting for conservation easements.	f Art, Historical Treasures, or Other S	imilar	Assets
		the organization answered "Yes" on Form		ai	
1a			8, not to report in its revenue statement and bala	ince she	et works
14	•		blic exhibition, education, or research in furtheran		
			ncial statements that describes these items.	100 01 pt	
b	· •		i8, to report in its revenue statement and balance	sheet v	vorks of
	-		exhibition, education, or research in furtherance		
		ng amounts relating to these items:			
	-			\$	
				•	
2	.,		asures, or other similar assets for financial gain, p		
	-	unts required to be reported under FASB A			
а	-		~	\$	
b	Assets included in				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	S	Schedule D (Form 990) 2022

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232051 09-01-22

30	)	
<u> </u>	04000	

2022.04020 UNITED SERVICE ORGANIZATI 01706561

Sche		/ICE ORGANIZATIO	1				13-161		Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her S	Similar	<sup>-</sup> Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	e signi	ificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o				nilar as	sets	_	-		-
Dec	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes"	on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi						_			1
L	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table.					Amoun	t	
с	Beginning balance					1c		, anoan		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo				ability?	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.									]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, li	ne 10.					
		(a) Current year	<b>(b)</b> Prior year	(c) Two years bac		Three y	ears back	(e) Four	-	
1a	Beginning of year balance	1,026,365.	1,693,024.	646,26			87,287.		398,	
b	Contributions	66,598.	60,000.	,			00,000.		100,	
С	Net investment earnings, gains, and losses	-170,159.	102,623.	246,84	5.	5. 58,981			-10,	934.
d	Grants or scholarships									
е	Other expenditures for facilities	00.000		10.00						
	and programs	23,390.	829,282.	12,80	8.					104
	Administrative expenses	900 414	1,026,365.	1,693,02	4	6	46,268.		487,	$\frac{124}{297}$
g	End of year balance	· · ·		, ,	4 •	0	40,200.		407,	207.
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance	%	i) heid as.						
a b	Permanent endowment90.4000	%								
c	Term endowment 9.6000									
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered fo	or the					
	organization by:							]	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza							3b	Х	
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	<b>(a)</b> Cost or ot basis (investm		or other (o (other)	,	umulate	d	( <b>d)</b> Boo	k value	Э
1a	Land			295,927.					295,	927.
	Buildings									
с	Leasehold improvements			,570,501.		,084,		14,	485,	
d	Equipment			,293,196.		,784,			508,	
	Other			,581,478.		,467,			113,	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line 10	0c.)				21,	404,	030.

Schedule D (Form 990) 2022

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#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	243,221.
(2) RIGHT OF USE ASSET	6,919,633.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,162,854.
Part X Other Liabilities.	

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	9,505,818.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,505,818.

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

Schedule D (Form 990) 2022

X

232053 09-01-22

Sche	dule D (Form 990) 2022 UNITED SERVICE ORGANIZATIONS, INC.		13-1610451 Page <b>4</b>
Par		tements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	)	
Par	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Par	t XIII Supplemental Information.	•	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	l; Part IV, lines 1b and 2b; I	Part V, line 4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	
PART	V, LINE 4:		
INTE	NDED USE OF ENDOWMENT FUNDS		
THE	USO'S ENDOWMENTS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED	FUNDS THAT	

THE USO MUST HOLD IN PERPETUITY AS DIRECTED BY DONORS. THE USO HAS ADOPTED

INVESTMENT AND SPENDING POLICIES DESIGNED TO PROVIDE A STREAM OF RETURNS

TO BE UTILIZED TO FUND VARIOUS PROGRAMS WHILE SEEKING TO MAINTAIN THE

PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

INCOME TAXES

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

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

232054 09-01-22

Schedule D (Form 990) 2022

## Part XIII Supplemental Information (continued)

DERECOGNIZED BASED ON A MORE-LIKELY-THAN-NOT THRESHOLD. USO FOLLOWS

GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING

TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES

THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED

IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKELY THAN NOT TO BE

SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE

ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF

THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY

BE CHALLENGED. USO HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED

FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

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UNITED SERVICE ORGANIZA					13-1610451	
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the orgar	nization answered "Y	′es" on
Form 990, Part IV	/, line 14b.					
•	•		ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
<b></b>						
	ribe in Part V the	e organization's j	procedures for monitoring the use of its	s grants and of	ther assistance outsi	de the
United States.	a fallau ia a Daut					
3 Activities per Region. (Th (a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is r (d) Activities conducted in the region		ivity listed in (d)	(f) Total
	offices	employees,	(by type) (such as, fundraising, pro-		ogram service,	expenditures
	in the region		gram services, investments, grants to	describe	e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	e(s) in the region	in the region
EAST ASIA AND THE						
PACIFIC	22	89	PROGRAM SERVICES	OP. OF USO	CENTER	7,214,119.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	40	120	PROGRAM SERVICES	OP. OF USO	CENTER	9,033,099.
MIDDLE EAST AND	20	4.0			GENMED	E 141 090
NORTH AFRICA	20	48	PROGRAM SERVICES	OP. OF USO	CENTER	5,141,089.
SOUTH AMERICA	1	0	PROGRAM SERVICES	OP. OF USO	CENTER	122,478.
						,
3 a Subtotal	83	257				21,510,785.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	83	257				21,510,785.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruct	tions for Form 990.		Schedule F (	Form 990) 2022

Statement of Activities Outside the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

232071 10-17-22

Schedule F (Form 990) 2022



Inspection

Employer identification number

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the f			1		1
			or counsel has provided a sect			📐		
Enter total number of other organizations or entities								

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

13-1610451

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of cash disbursement (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region , recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2022

Page 3

Page 4

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

Schedule F (Form 990) 2022

13-1610451 Page **5** 

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

PART I, LINE 3, COLUMN (E):

Part V Supplemental Information

ACTIVITIES OUTSIDE U.S.

THE USO OPERATES CENTERS IN COUNTRIES OVERSEAS TO PROVIDE A WARM AND

COMFORTING PLACE WHERE DEPLOYED SERVICE MEMBERS AND THEIR FAMILIES CAN

CONNECT TO LOVED ONES VIA INTERNET OR PHONE, PLAY A VIDEO GAME, CATCH A

MOVIE, HAVE A SNACK OR JUST PUT THEIR FEET UP AND RELAX. COUNTRIES

INCLUDE AUSTRALIA, CHAD, CYPRUS, DJIBOUTI, GERMANY, GREENLAND,

HONDURAS, HUNGARY, ITALY, IRAQ, JAPAN, JORDAN, KENYA, KUWAIT,

LITHUANIA, NIGER, POLAND, QATAR, ROMANIA, SAUDI ARABIA, SLOVAKIA, SOUTH

KOREA, SPAIN, SYRIA, TURKEY, UNITED ARAB EMIRATES, AND THE UNITED

KINGDOM.

PART I, LINE 3:

ACCOUNTING METHOD USED

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

ACCOUNTING.

232075 10-17-22

	- ·		_				1	
SCHEDULE G	Suppleme	ental Information Regarding	ities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r <b>19</b> ,	or if the	2022
Description of the Terrory		Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for instruc				ı.		Inspection
Name of the organization							Employer ide	ntification number
	UNITED SER	VICE ORGANIZATIONS, INC.					13-161045	51
	ing Activities, complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
1 Indicate whether the	e organization rais	sed funds through any of the following	g activ	vities. (	Check all that apply.			
a X Mail solicitat	ions	e X Solicitat	ion of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s f X Solicitat	ion of	gover	nment grants			
c X Phone solicit	tations	g X Special	fundra	aising	events			
d X In-person sol	licitations							
2 a Did the organizatio	n have a written o	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,		
key employees liste	ed in Form 990, P	art VII) or entity in connection with pr	ofessi	onal fi	undraising services?		X Yes	i 🗌 No
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreei	ments under which th	ne fur	ndraiser is to be	e
compensated at le	ast \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody atrol of utions?	(iv) Gross receipts from activity			(vi) Amount paid to (or retained by) organization
ANNE LEWIS STRATEG	IES - 650		Yes	No				
MASSACHUSETTS AVE,		DR ONLINE PROGRAM		x	8,844,040.		1,048,475.	7,795,565.
CDR FUNDRAISING GR	OUP - PO							, ,
BOX 828, LANHAM, M	D 20706	DR MAIL PROGRAM		x	Ο.		347,600.	-347,600.
INTEGRAL, LLC - PO	BOX 33091,							
WASHINGTON, DC 20	033	DR PROGRAM		x	٥.		215,880.	-215,880.
AMPLIFIED NONPROFI	Г							
CONSULTING LLC - 42	10 LAKE	DR MAIL PROGRAM		x	0.		110,000.	-110,000.
ORANGE ELEMENT DES	IGN LLC -							
PO BOX 170, BERWYN	, PA 19312	CONSULTING		x	0.		91,487.	-91,487.
CANDELA CONTENT - 2	2919							
HIGHLAND AVENUE, SA	ACRAMENTO,	GRANT WRITING		x	0.		81,456.	-81,456.
UBACK INC - 2025 Q	UEENS ROAD							
WEST, CHARLOTTE, NO	C 28207	FUNDRAISING CONSULTANTS		x	0.		80,000.	-80,000.
MARKETSMART - 6404	IVY LN							
SUITE 110, GREENBE	LT, MD	PLANNED GIVING CONSULTANTS		x	0.		41,000.	-41,000.
STRUPEK, LLC - 2820	GREENFIELD	GAMING FUNDRAISING						
ROAD, BLOOMINGTON,	IL 61704	CONSULTING		x	0.		71,400.	-71,400.
SYNERGY DIRECT MAR	KETING							
SOLUTIONS, LLC - 48	0 W.	DR PROGRAM		x	Ο.		54,902.	-54,902.

#### <u>Total</u>

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

8,844,040.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

2,142,200.

6,701,840.

232081 10-27-22

40 2022.04020 UNITED SERVICE ORGANIZATI 01706561 UNITED SERVICE ORGANIZATIONS, INC.

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

		of fundraising event contributions and gro	1		• ·	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL AWARDS			(add col. (a) through
			DINNER (DC)	SALUTE GALA (IL)	25	col. (c)
			(event type)	(event type)	(total number)	001. <b>(C)</b>
- M						
Revenue	1	Gross receipts	1,135,000.	522,174.	2,064,593.	3,721,767.
Ē						
	2	Less: Contributions	1,040,860.	438,157.	1,609,694.	3,088,711.
					i	
	3	Gross income (line 1 minus line 2)	94,140.	84,017.	454,899.	633,056.
					· · · ·	
	4	Cash prizes				
	-					
	5	Noncash prizes				
ŝ	-					
Direct Expenses	6	Rent/facility costs	20,865.	23,110.	338,574.	382,549.
ğ×	Ū	······································	,	,	,	,
삜	7	Food and beverages	151,448.	88,611.	143,992.	384,051.
lired	•			, -	1 -	, <u> </u>
	8	Entertainment	180,713.	500.	19,421.	200,634.
	9	Other direct expenses	· · · · · ·		312,672.	470,899.
	10	Direct expense summary. Add lines 4 through	,		,	1,438,133.
		Net income summary. Subtract line 10 from li	( )			-805,077.
Pa						,
	-	\$15,000 on Form 990-EZ, line 6a.		, , , ,		
		+ · - , · · · , ····		(b) Pull tabs/instant		(d) Total gaming (add
P			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						.,
Вĕ	4				16,260.	16,260.
-+		Gross revenue			10,200.	10,200.
	~					
လွ	2	Cash prizes				

9 Enter the state(s) in which the organization conducts gaming activities: WA
 a Is the organization licensed to conduct gaming activities in each of these states?

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

**b** If "No," explain:

%

Yes

No

Yes

No

232082 10-27-22

Direct Expense

3

4

5

Noncash prizes

Rent/facility costs

6 Volunteer labor

Other direct expenses

Schedule G (Form 990) 2022

X Yes

3,298.

50.00 %

3,298.

3,298.

12,962.

No

X Yes

No

%

Sch	edule G (Form 990) 2022	UNITED SERVICE ORGANIZATIONS, INC. 1	3-1610451	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	X Yes	No
12		ficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		🗌 Yes	X No
13	Indicate the percentage of gaming	activity conducted in:		
				%
			<b>13b</b> 1	00.00 %
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:		
	Name DIANE FRABER			
	Address 2111 WILSON BLV	D #1200 - ARLINGTON, VA 22201		
15a	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	Yes	X No
b		ng revenue received by the organization \$ and the amount		
		third party \$		
c	If "Yes," enter name and address	of the third party:		
	Namo			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Description of services provided			
	Director/officer	Employee Independent contractor		
	Mandatory distributions:			
а	-	state law to make charitable distributions from the gaming proceeds to	Yes	V No
Ŀ		aquirad under state law to be distributed to other everyter ergonizations or expert in the		INO
L	organization's own exempt activiti	required under state law to be distributed to other exempt organizations or spent in the es during the tax year \$ 0.		
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
		applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(T)	NAME OF FUNDRAISER: ANNE	LEWIG SUDAUECTES		
(1)				
(I)	ADDRESS OF FUNDRAISER: 65	0 MASSACHUSETTS AVE, WASHINGTON, DC 20001		
(I)	NAME OF FUNDRAISER: CDR F	UNDRAISING GROUP		
/ <del>-</del> ·				
(1)	ADDRESS OF FUNDRAISER: PC	BOX 828, LANHAM, MD 20706		
(T)	NAME OF FUNDRAISER: INTEG	RAL LLC		
	33 10-27-22	·	nedule G (Form	990) 2022
_020		42		····, <b>-··</b>

UNITED SERVICE ORGANIZATIONS, INC. 13-1610451 Schedule G (Form 990) Page 4 Part IV Supplemental Information (continued) (I) ADDRESS OF FUNDRAISER: PO BOX 33091, WASHINGTON, DC 20033 (I) NAME OF FUNDRAISER: AMPLIFIED NONPROFIT CONSULTING LLC (I) ADDRESS OF FUNDRAISER: 410 LAKE FOREST ROAD, ROCHESTER HILLS, MI 48309 (I) NAME OF FUNDRAISER: ORANGE ELEMENT DESIGN LLC (I) ADDRESS OF FUNDRAISER: PO BOX 170, BERWYN, PA 19312 (I) NAME OF FUNDRAISER: CANDELA CONTENT (I) ADDRESS OF FUNDRAISER: 2919 HIGHLAND AVENUE, SACRAMENTO, CA 95818 (I) NAME OF FUNDRAISER: UBACK INC (I) ADDRESS OF FUNDRAISER: 2025 QUEENS ROAD WEST, CHARLOTTE, NC 28207 (I) NAME OF FUNDRAISER: MARKETSMART (I) ADDRESS OF FUNDRAISER: 6404 IVY LN SUITE 110, GREENBELT, MD 02077 (I) NAME OF FUNDRAISER: STRUPEK, LLC (I) ADDRESS OF FUNDRAISER: 2820 GREENFIELD ROAD, BLOOMINGTON, IL 61704 (I) NAME OF FUNDRAISER: SYNERGY DIRECT MARKETING SOLUTIONS, LLC (I) ADDRESS OF FUNDRAISER:

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

FEES OF \$275,844 REPORTED IN SCHEDULE G, PART I ARE ALLOCATED AS

PROGRAMMATIC CONSULTING EXPENSES IN PART IX STATEMENT OF FUNCTIONAL

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

480 W. TUSCARAWAS AVENUE #307, BARBERTON, OH 44203

232084 04-01-22

Schedule G (Form 990)

12130919 153424 0170656-00001

43 2022.04020 UNITED SERVICE ORGANIZATI 01706561 PART I, LINE 2B:

SOME FUNDRAISING CONSULTANTS ARE PAID FOR GENERAL FUNDRAISING

ACTIVITIES WHICH CANNOT BE TRACED DIRECTLY TO REVENUE, BUT WHICH

GENERALLY SUPPORT AN INFLUX OF CONTRIBUTIONS TO USO.

Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury											
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection			
Name of the organizatio	Name of the organization UNITED SERVICE ORGANIZATIONS, INC. 13-1610451										
Part I General Inf	ormation on Grants ar										
criteria used to aw	tion maintain records to vard the grants or assist / the organization's pro	tance?							] No		
	Other Assistance to E at received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and add	Iress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
TRAGEDY ASSISTANCE SURVIVORS - 3033 W SUITE 300 - ARLING	VILSON BOULEVARD,	92-0152268	501(C)(3)	100,000.	0.			PROGRAM SUPPORT			
BLUE STAR FAMILIES 441 SAXONY THE HIV ENCINITAS, CA 9202	/E/BARN 2	80-0369895	501(C)(3)	10,000.	0.			PROGRAM SUPPORT			
USO FOUNDATION 2111 WILSON BLVD., ARLINGTON, VA 2220		20-8861567		2,720,431.	0.			GENERAL SUPPORT			
2 Enter total numbe	r of section 501(c)(3) ar	nd government or	anizations listed in the	e line 1 table					3.		

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

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

Schedule I (Form 990) 2022

UNITED SERVICE ORGANIZATIONS, INC.

Page 2

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

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash grant       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of non-cash assistance         (d) Amount of non-cash assistance       (d) Amount of no	(b) Number of recipients       (c) Amount of cash grant       (d) Amount of non-cash assistance       (e) Method of valuation (book, FMV, appraisal, other)         Image:

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

PART I, LINE 2:

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

USO GRANT FUNDS ARE MONITORED WITH PERIODIC REPORTING IN ACCORDANCE WITH

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

RELATED POLICIES AND PROCEDURE MANUALS. REGULARLY REQUIRED REPORTS INCLUDE

FINANCIAL REPORTS AND PROGRAM ACTIVITY REPORTS.

SCHE	DULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Form	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			20	22	)
				20	22	-
Departme				Open to		ic
	evenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		
Name o	of the organizatior		Employer ide		on nui	nber
Dort		UNITED SERVICE ORGANIZATIONS, INC.	13-163	10451		
Part		s Regarding Compensation			Mar	
	acali tha annuani	nte heu/ee) if the exception provided any of the following to exfer a nersen listed on Ferm	000		Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c					
X	Ξ					
		ation and gross-up payments				
	Ξ	spending account				
			iii, onoi)			
b lfa	any of the boxes (	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
		, , , , , , , , , , , , , , , , , , , ,				
3 Ind	dicate which, if ar	y, of the following the organization used to establish the compensation of the organization's	i			
CE	EO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
es	tablish compensa	ation of the CEO/Executive Director, but explain in Part III.				
X	Compensation	committee Written employment contract				
X	Independent c	ompensation consultant X Compensation survey or study				
X	Form 990 of of	ther organizations X Approval by the board or compensation c	ommittee			
<b>4</b> Du	uring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
or	ganization or a re	ated organization:				
		e payment or change-of-control payment?		. <u>4a</u>	Х	
	•	eive payment from a supplemental nonqualified retirement plan?		. <b>4b</b>	Х	
		eive payment from an equity-based compensation arrangement?		. <b>4c</b>		X
lf '	"Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-						
	-	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	ontingent on the re			<b>F</b> -		v
a in L	e organization?			5a		X X
		ation?		5b		Δ
		r 5b, describe in Part III. In Form 999, Part VII. Section A, line 1a, did the organization pay or accrue any componentia	'n			
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation at company of	41			
	ontingent on the n	-		62		x
α 11 h Δr	v related organiz	ation?		6a 6b		x
		ation? r 6b, describe in Part III.		05		
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7	х	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		х
		d the organization also follow the rebuttable presumption procedure described in				
	egulations section			9		
		eduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

13-1610451

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DR. J.D. CROUCH, II	(i)	588,824.	115,299.	1,782.	149,018.	27,465.	882,388.	٥.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ALAN REYES	(i)	362,963.	59,000.	2,121.	24,400.	33,516.	482,000.	0.	
COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KRISTINE SHUMACK	(i)	302,440.	50,000.	2,625.	23,729.	32,530.	411,324.	0.	
TREASURER / CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) TAMMY HEISER	(i)	277,992.	41,000.	2,121.	25,830.	29,087.	376,030.	0.	
SECRETARY / SVP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) BRIAN COWART	(i)	316,029.	0.	1,289.	23,116.	27,235.	367,669.	0.	
CDMO (BEG 1/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) CHRISTOPHER PLAMP	(i)	270,852.	47,000.	1,161.	27,450.	4,707.	351,170.	0.	
SVP, OPS, PROGRAMS & ENTERTAINMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JAMES WHALEY	(i)	154,125.	23,000.	144,525.	17,150.	1,230.	340,030.	0.	
REGIONAL PRESIDENT (SE)(THRU 8/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) BRIAN COOK	(i)	231,506.	64,000.	570.	26,595.	3,401.	326,072.	0.	
VP, DIRECT RESPONSE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ALISON RUBLE	(i)	255,619.	31,000.	1,371.	21,800.	12,801.	322,591.	0.	
REGIONAL PRESIDENT (MIDWEST)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) GARY COLE	(i)	242,576.	30,000.	618.	19,698.	28,396.	321,288.	0.	
REGIONAL PRESIDENT (CENTRAL)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) VIRGINIA BURNLEY	(i)	240,733.	30,000.	1,771.	20,472.	27,881.	320,857.	0.	
SVP, GOVT REL AND EXT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) ROBERT KURKJIAN	(i)	252,463.	18,000.	1,341.	22,783.	10,966.	305,553.	0.	
REGIONAL PRESIDENT (WEST)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL FOR COMPANIONS

THE PRESIDENT AND CEO OF THE USO MAY BE ACCOMPANIED BY HIS/HER SPOUSE ON

OFFICIAL USO BUSINESS ONLY IF A SPECIFIC BUSINESS PURPOSE IS SUPPORTED AND

APPROVED BY THE CHAIRMAN OF THE BOARD OF GOVERNORS.

SPOUSAL/COMPANION/FAMILY TRAVEL BY OTHER EMPLOYEES IS NOT REIMBURSED BY THE

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

REGULATIONS AND USO TRAVEL AND BUSINESS EXPENSE POLICY.

PART I, LINES 4A-B:

LINE 4A. SEVERANCE PAYMENT

SEVERANCE IN THE AMOUNT OF \$130,000 IS REPORTED FOR JAMES WHALEY DUE TO HIS

2022 DEPARTURE FROM THE ROLE OF REGIONAL PRESIDENT OF USO.

LINE 4B, DEFERRED COMPENSATION ARRANGEMENT

IN 2021, THE BOARD OF GOVERNORS APPROVED A COMPENSATION AGREEMENT WITH THE

CEO/PRESIDENT THAT INCLUDES A CONTINGENT DEFERRED COMPENSATION ARRANGEMENT

THAT IS DETERMINED AND MUST BE APPROVED ANNUALLY BY THE EXECUTIVE COMMITTEE

13-1610451

Page 3

Part III Supplemental Information

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

BASED ON THE CEO/PRESIDENT MEETING PERFORMANCE OBJECTIVES ESTABLISHED AND

APPROVED ANNUALLY BY THE BOARD OF GOVERNORS. INCLUDED IN THE

CEO/PRESIDENT'S 2022 COMPENSATION IS \$125,000 OF DEFERRED COMPENSATION

APPROVED BY THE USO'S EXECUTIVE COMMITTEE. NO EMPLOYER-PROVIDED DEFERRALS

WERE DISTRIBUTED DURING 2022 UNDER THIS DEFERRED COMPENSATION ARRANGEMENT.

PART I, LINE 7:

NON-FIXED PAYMENTS

THE AMOUNTS SHOWN IN PART II, COLUMN B(II) FOR THE OFFICERS, KEY EMPLOYEES

AND HIGHLY COMPENSATED EMPLOYEES WERE PAID BASED ON THE 2021 ACHIEVEMENT OF

ORGANIZATION GOALS AND INDIVIDUAL CONTRIBUTIONS AND ACCOMPLISHMENTS. THE

BONUS COMPENSATION WAS BASED ON A BONUS PLAN REVIEWED BY THE COMPENSATION

COMMITTEE AND EXECUTIVE COMMITTEE AND APPROVED BY THE USO'S BOARD OF

GOVERNORS. THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE PRESIDENT AND

CEO IS DETERMINED AND APPROVED BY THE USO'S BOARD OF GOVERNORS.

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection	
loyer	identification number	

**Open to Public** 

Name of the organization

Employer identification

	UNITED SERVICE ORGANIZATIONS, INC. 13-161							
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		42,079.	COST			
5	Clothing and household goods	Х		1,972,601.	COST			
6	Cars and other vehicles	Х	18	19,851.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	57	634,249.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1,632	8,255,079.	COST			
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 organiz	zation during	the tax vear for c	ontributions				
	for which the organization completed Form 828						2	
	·····	,,-	g				Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of		•••••					
	exempt purposes for the entire holding period?					30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicv that re	auires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties	•	•	•				
	contributions?		•	· · ·		32a	х	
h	If "Yes," describe in Part II.					- CLU		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	, for which column (a) is cher	cked.			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

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

SCHEDULE M, PART I, COLUMN (B):

NONCASH CONTRIBUTIONS

USO IS REPORTING THE NUMBER OF ITEMS RECEIVED IN COLUMN (B).

SCHEDULE M, LINE 32B:

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS

THE USO WORKS WITH CHARITABLE ADULT RIDES & SERVICES, INC. (CARS) IN

ORDER TO GENERATE FUNDRAISING REVENUE FROM DONATED VEHICLES. CARS

ADMINISTERS THE ARRANGEMENT FOR: TOWING, RECEIPT DISTRIBUTION,

FOLLOW-UP SALES, TITLE PROCESSING, APPRAISAL (IF REQUIRED), SALE AT

AUCTION OR DISMANTLER, AND DISTRIBUTION OF SALES.

232142 09-09-22

Interme Service         Go to www.irs.gov/Form990 for the latest information.           Name of the organization         UNITED SERVICE ORGANIZATIONS, INC.           PORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:           THE USO STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM           CONNECTED TO FAMILY, HOME AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE           NATION.   FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:           USO CENTERS           USO CENTERS FROVIDE A HOME AWAY FROM HOME FOR SERVICE MEMBERS AND THEIR           PAMILIES AROUND THE WORLD. USO CENTERS OFFER AN INVITING AND           COMFORTING PLACE WHERE SERVICE MEMBERS AND THEIR FAMILIES CAN CONNECT           BY INTERNET OR PHONE, PLAY A VIDEO GAME, CATCH A MOVIE, HAVE A SNACK OR           JUST FUT UP THEIR FEET AND RELAX. DURING 2022, THE USO HAD MORE THAN           250 LOCATIONS SUPPORTING OVER 5.8 MILLION VISITS DURING 2022. USO           CENTERS CAN BE FOUND IN 38 U.S. STATES AS WELL AS THE U.S. TERRITORY OF           GUAM, AND IN COUNTRIES OVERSEAS, INCLUDING AUSTRALIA, CHAD, CYPRUS,           DIJBOUTI, GERMANY, GREENLAND, HO	COMB No. 1545-0047
UNITED SERVICE ORGANIZATIONS, INC.  FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  THE USO STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM  CONNECTED TO FAMILY, HOME AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE  NATION.  FORM 990, FART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  USO CENTERS USO CENTERS USO CENTERS USO CENTERS FROVIDE A HOME AWAY FROM HOME FOR SERVICE MEMBERS AND THEIR FAMILIES AROUND THE WORLD. USO CENTERS OFFER AN INVITING AND  COMFORTING PLACE WHERE SERVICE MEMBERS AND THEIR FAMILIES CAN CONNECT BY INTERNET OR PHONE, PLAY A VIDEO GAME, CATCH A MOVIE, HAVE A SNACK OR  JUST FUT UP THEIR FEET AND RELAX. DURING 2022, THE USO HAD MORE THAN 250 LOCATIONS SUPPORTING OVER 5.8 MILLION VISITS DURING 2022. USO CENTERS CAN BE FOUND IN 38 U.S. STATES AS WELL AS THE U.S. TERRITORY OF  GUAM, AND IN COUNTRIES OVERSEAS, INCLUDING AUSTRALIA, CHAD, CYPRUS, DIBIOUTI, GERMANY, GREENLAND, HONDURAS, HUNGARY, ITALY, IRAQ, JAPAN, JORDAN, KENYA, KUWAIT, LITHUANIA, NIGER, FOLAND, QATAR, ROMANIA, SAUDI ARABIA, SLOVAKIA, SOUTH KOREA, SPAIN, SYRIA, TURKEY, UNITED ARAB EMIRATES, AND THE UNITED KINGDOM.	Inspection Inspection number
THE USO STRENGTHENS AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME AND COUNTRY, THROUGHOUT THEIR SERVICE TO THE NATION.  FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: USO CENTERS USO CENTERS USO CENTERS USO CENTERS PROVIDE A HOME AWAY FROM HOME FOR SERVICE MEMBERS AND THEIR FAMILIES AROUND THE WORLD. USO CENTERS OFFER AN INVITING AND COMFORTING PLACE WHERE SERVICE MEMBERS AND THEIR FAMILIES CAN CONNECT BY INTERNET OR PHONE, PLAY A VIDEO GAME, CATCH A MOVIE, HAVE A SNACK OR JUST PUT UP THEIR FEET AND RELAX. DURING 2022, THE USO HAD MORE THAN 250 LOCATIONS SUPPORTING OVER 5.8 MILLION VISITS DURING 2022. USO CENTERS CAN BE FOUND IN 38 U.S. STATES AS WELL AS THE U.S. TERRITORY OF GUAM, AND IN COUNTRIES OVERSEAS, INCLUDING AUSTRALIA, CHAD, CYPRUS, DJIBOUTI, GERMANY, GREENLAND, HONDURAS, HUNGARY, TTALY, IRAQ, JAPAN, JORDAN, KENYA, KUWAIT, LITHUANIA, NIGER, FOLAND, QATAR, ROMANIA, SAUDI ARABIA, SLOVAKIA, SOUTH KOREA, SPAIN, SYRIA, TURKEY, UNITED ARAB EMIRATES, AND THE UNITED KINGDOM. THE USO HAS FOUR LOCATIONS THAT FRIMARILY SERVE WOUNDED, ILL AND INJURED SERVICE MEMBERS, THEIR FAMILIES AND CAREGIVERS, THESE CENTERS	13-1610451
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INJURED SERVICE MEMBERS, THEIR FAMILIES AND CAREGIVERS. THESE CENTERS	
INJURED SERVICE MEMBERS, THEIR FAMILIES AND CAREGIVERS. THESE CENTERS	
·	
PROVIDE & HOME AWAY FROM HOME FOR WOUNDED SERVICE MEMBERS MANY OF WHOM	
INVITE IN THE MAIL THE TEN NORDED DENVICE MELERIC, MAIL OF MAIL	
VISIT MULTIPLE TIMES DAILY BETWEEN MEDICAL APPOINTMENTS. CREATED FOR	
OUR NATION'S HEALING HEROES AND THEIR FAMILIES, THESE CENTERS MAY	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 53	Schedule O (Form 990) 2022

Name of the organization UNITED SERVICE ORGANIZATIONS,	INC.	Employer identif 13-16104	
FEATURE CLASSROOMS, SPORTS LOUNGES, COMMUNAL KITCHE	N AND EATING AREAS,		
BUSINESS CENTERS, HEALING GARDENS AND MORE.			
THE USO ALSO OPERATES A FLEET OF VEHICLES THAT TAKE	S THE USO'S SERVICES		
OUT ON THE ROAD TO SERVICE MEMBERS AND THEIR FAMILI	ES IN AREAS OF THE		
COUNTRY WHERE THERE ARE NOT PERMANENT USO CENTERS O	R EXPANDED SUPPORT		
IS NEEDED, FOR HOWEVER LONG WE ARE NEEDED. THE VEHI	CLES, WHICH OPERATE		
IN THE U.S. AND EUROPE, RANGE IN SIZE FROM CANTEENS	TO LARGE		
RECREATIONAL VEHICLES. IN ADDITION TO SUPPORTING TR	AINING EXERCISES AND		
BRINGING USO SERVICES TO NEARBY INSTALLATIONS, THE	MOBILE USO PROGRAM		
ALSO DEPLOYS TO SUPPORT OUR SERVICE MEMBERS IN LOCA	L OR NATIONAL		
EMERGENCIES, SUCH AS HURRICANES OR WILDFIRES.			
THE USO HAS SUPPORTED FAMILIES OF THE FALLEN DURING	EVERY DIGNIFIED		
TRANSFER AT DOVER AIR FORCE BASE SINCE MARCH 1991.	THE STAFF AND		
VOLUNTEERS OF THIS USO CENTER COORDINATE AMONG USO	LOCATIONS ACROSS THE		
COUNTRY TO SUPPORT AND COMFORT FAMILIES WHO HAVE JU	ST RECEIVED TRAGIC		
NEWS AS THEY TRAVEL TO AND FROM DOVER AIR FORCE BAS	E.		
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMP	LISHMENTS:		
PUBLIC AWARENESS AND OUTREACH			
THE USO'S MARKETING AND COMMUNICATIONS OUTREACH PRO	GRAMS AIM TO ADDRESS		
THE CIVILIAN-MILITARY DRIFT - A NATURAL DISCONNECT	AND LACK OF		
UNDERSTANDING BETWEEN THOSE WHO HAVE SERVED IN THE			
WHOM THEY DEFEND WHO HAVE NEVER SERVED AND MAY NOT			
TO ANYONE WHO HAS. IN 2022, THE USO LAUNCHED THE E			
FAMILY SUPPORT CAMPAIGN TO BRING AWARENESS TO THE A			
ENCOURAGE SUPPORT FOR THE MORE THAN 100,000 AMERICA	N SEVAICE WEWBERS	Schedule O	(Form 990) 2022
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Schedule O (Form 990) 2022

Name of the organization

Page **2** 

Employer identification number

Name of the organization	Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	13-1010451
EITHER DEPLOYED OR PERMANENTLY STATIONED IN EUROPE IN SUPPORT OF OUR	
NATO ALLIES AND UKRAINE AND THEIR FAMILIES. THE MULTICHANNEL CAMPAIGN	
INCLUDED OUT-OF-HOME ADVERTISING (DIGITAL ROADSIDE BILLBOARDS AND	
TRANSIT, TIMES SQUARE AND AIRPORTS) THAT DELIVERED NEARLY 200 MILLION	
IMPRESSIONS, SOCIAL MEDIA CAMPAIGNS THAT REACHED MILLIONS OF UNIQUE	
INDIVIDUALS TO HELP EDUCATE AMERICANS ABOUT OUR WORK IN EASTERN EUROPE,	
AND A PSA DELIVERED TO AUDIENCES THROUGH TELEVISION. IN ADDITION,	
THROUGH ITS WEBSITE AND MAIL, THE USO COLLECTED MORE THAN 1.36 MILLION	
MESSAGES OF APPRECIATION FROM THE AMERICAN PUBLIC WHICH ARE BEING	
DISTRIBUTED OR DISPLAYED AT USO LOCATIONS ACROSS THE WORLD.	
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	
SERVICE MEMBER AND MILITARY FAMILY PROGRAMS	
USO'S SERVICE MEMBER AND MILITARY FAMILY PROGRAMS PROVIDE SUPPORT AND	
COMFORT TO SERVICE MEMBERS AND THEIR FAMILIES, WHETHER THEY ARE	
DEPLOYED, TRANSITIONING FROM THEIR SERVICE, WOUNDED, ILL OR INJURED, OR	
HAVE MADE THE ULTIMATE SACRIFICE FOR OUR COUNTRY.	
USO READING PROGRAM	
THE USO READING PROGRAM KEEPS SERVICE MEMBERS CONNECTED TO THEIR	
CHILDREN THROUGH STORY-TIME. SERVICE MEMBERS CAN VISIT A USO CENTER OR	
EXPEDITIONARY LOCATION OFFERING THE PROGRAM, RECORD THEMSELVES READING	
THEIR CHILD'S FAVORITE STORY AND HAVE THAT RECORDING AND A COPY OF THE	
BOOK SENT HOME - ENSURING THAT THEY CAN READ THEIR CHILD A BEDTIME	
STORY FROM ANYWHERE IN THE WORLD. IN 2022, THE USO TRANSITIONED TO WEB	
BASED DELIVERY OF THIS PROGRAM TO EXPAND THE REACH OF THIS PROGRAM AT A	
LOWER COST. OVER 100 USO CENTERS OFFER THE USO READING PROGRAM, WHERE	
SERVICE MEMBERS READ OVER 16,000 BOOKS TO THEIR CHILDREN WHILE DEPLOYED	
	Schedule O (Form 990) 202

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	Page
Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
OR SEPARATED DUE TO SERVICE DURING 2022.	
RECOGNIZING THE CHALLENGES MILITARY CHILDREN OFTEN FACE WHEN DEALING	
WITH SEPARATION, THE USO READING PROGRAM ALSO MAKES IT POSSIBLE FOR	
MILITARY KIDS TO ADD A NEW BOOK TO THEIR OWN LIBRARY AND SHARE STORY	
TIME WITH SOMEONE THEY LOVE BY RECORDING THEMSELVES READING.	
USO HOLIDAYS USO HOLIDAYS OFFERS BOTH PROGRAMMING AND USO CARE PACKAGES TO HELP	
SERVICE MEMBERS FEEL CONNECTED AND SUPPORTED DURING HOLIDAYS THROUGHOUT	
THE YEAR. USO CENTERS AND TEAMS ACTIVATE AROUND THE GLOBE TO BRING A	
PIECE OF HOME TO SERVICE MEMBERS AND THEIR FAMILIES, NO MATTER WHERE	
THEY ARE CALLED TO SERVE DURING THE HOLIDAYS. WHETHER IT IS DELIVERING	
CARE PACKAGES, HOSTING HOLIDAY EVENTS, PROVIDING FREE ENTERTAINMENT, OR	
ENABLING TECHNOLOGY THAT BRINGS LOVED ONES TOGETHER, THE USO HELPS	
SERVICE MEMBERS, AND THEIR FAMILIES STAY CONNECTED TO THE COMFORTS OF	
SERVICE MEMBERS, AND THEIR FAMILIES STAY CONNECTED TO THE COMFORTS OF	

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HOLIDAYS THEY WOULDN'T HAVE HAD OTHERWISE.

IN 2022, USO HOLIDAYS DELIVERED 100,000 CARE PACKAGES, DOUBLING

DELIVERY IN 2021, TO MILITARY MEMBERS SERVING IN REMOTE OPERATING AND

TRAINING BASES AND REACHED SERVICE MEMBERS IN 58 COUNTRIES. EACH

SPECIAL CARE PACKAGE IS DELIVERED IN A FESTIVE USO BRANDED BAG AND

INCLUDES A SNACK PACK AND A VARIETY OF PARTNER-PROVIDED ITEMS DONATED

IN-KIND.

USO GAMING

232212 10-28-22

Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
THE COMPREHENSIVE USO GAMING PROGRAM PROVIDES GAMING CAPABILITIES, USED	
, BOTH ONLINE AND IN-PERSON, FOR SERVICE MEMBERS AND THEIR FAMILIES, IN	
ADDITION TO PUBLIC PARTNERSHIPS, SUCH AS INVITATIONALS, STREAMING,	
CONTENT CREATION AND ENTERTAINMENT EVENTS. THE PROGRAM INCLUDES LOCAL,	
REGIONAL AND NATIONAL EVENTS, INCLUDING NUMEROUS TOURNAMENTS, LEAGUES,	
COMMUNITY EVENTS AND COMPETITIONS. IN 2022, USO GAMING CONTINUED TO	
EXPAND THROUGH THE CONSTRUCTION OF USO GAMING CENTERS AND DEDICATED	
GAMING SPACES WITHIN EXISTING USO CENTERS ACROSS THE GLOBE, AS WELL AS	
FEATURING PROMINENT GAMING EXPERTS AND MILITARY FAMILY PROGRAMMING.	
SERVICE MEMBERS DEPLOYED TO THE FRONT LINES REMAINED ENTERTAINED AND	
CONNECTED THROUGH DEPLOYMENT OF 23 USO GAMING'S RAPID RESPONSE GAMING	
KITS, WHICH ARE PORTABLE, FULLY-CONTAINED GAMING KITS DESIGNED TO	
SUPPORT SERVICE MEMBERS IN THE MOST AUSTERE LOCATIONS AROUND THE WORLD.	
USO CANINE PROGRAM	
THROUGH THE USO CANINE PROGRAM, THE USO RECOGNIZES THE VALUABLE	
CONNECTION BETWEEN HUMANS AND DOGS. FROM THE THERAPY DOGS WHO PROVIDE	
EMOTIONAL SUPPORT IN USO CENTERS, ASSISTING WITH ALL THE HIGHS AND LOWS	
OF MILITARY LIFE, TO THE FOUR-LEGGED MEMBERS OF MILITARY FAMILIES, TO	
THE HARD-WORKING MILITARY K9S WHO SERVE AND PROTECT ALONGSIDE SERVICE	
MEMBERS - ALL THESE CANINE COMPANIONS PLAY AN IMPORTANT ROLE IN	
DELIVERING PHYSICAL, MENTAL AND EMOTIONAL SUPPORT TO HELP STRENGTHEN	
MILITARY MEMBERS, FAMILIES AND COMMUNITIES. USO CANINES CONTRIBUTED	
NEARLY 2,700 VOLUNTEER HOURS IN 2022.	
USO SPECIAL DELIVERY	
COMBINING BABY SHOWER GAMES, LOCAL GUEST SPEAKERS AND DRAWINGS FOR	
TRADITIONAL BABY SHOWER GIFTS, THESE POPULAR SHOWERS PROVIDE A TOUCH OF	
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Schedule O (Form 990) 2022 Name of the organization		Page 2 Employer identification number
0	DRGANIZATIONS, INC.	13-1610451
HOME FOR PARENTS-TO-BE WHO ARE OFTEN	AWAY FROM THEIR FAMILIES, FRIENDS	
AND SUPPORT NETWORKS DURING THEIR PRE	EGNANCIES. USO SPECIAL DELIVERY IS	
ALSO OFFERED VIRTUALLY, WITH VIDEO-CA	ALL BABY SHOWERS THAT CAN REACH	
REMOTE MILITARY COMMUNITIES LOCATED F	FAR FROM A USO CENTER, WHERE A	
TRADITIONAL, IN-PERSON BABY SHOWER MI	IGHT NOT BE POSSIBLE. MORE THAN	
15,000 EXPECTANT SERVICE MEMBERS AND	MILITARY SPOUSE PARENTS HAVE BEEN	
SERVED THROUGH THIS PROGRAM SINCE ITS	S LAUNCH IN 2013. IN 2022 THE USO	
HOSTED 119 SHOWERS, INCLUDING VIRTUAL	L SHOWERS, AND REACHED 3,290	
EXPECTANT FAMILIES.		
USO COFFEE CONNECTIONS		
MILITARY SPOUSES ARE INVITED TO ATTEN	ND USO COFFEE CONNECTIONS	
GATHERINGS AT THEIR LOCAL USO CENTER	TO CONNECT WITH NEW FRIENDS OR	
RECONNECT WITH OLD ONES. THESE EVENTS	S ALLOW SPOUSES TO RELAX IN A	
COMFORTABLE SETTING, SHARE ADVICE, LE	EARN ABOUT LOCAL EVENTS AND MAKE	
NEW FRIENDS OVER A CUP OF COFFEE, A C	CRAFT, LOCAL OUTING AND MORE.	
THROUGH USO COFFEE CONNECTIONS, MILIT	TARY SPOUSES STAY CONNECTED TO	
THEIR COMMUNITIES NO MATTER WHERE THE	EY ARE STATIONED. IN 2022 THE USO	
HOSTED ROUGHLY 662 EVENTS - BOTH IN-H	PERSON AND VIRTUALLY - CONNECTING	
OVER 8,000 MILITARY SPOUSES AROUND TH	HE WORLD.	
USO COFFEE CONNECTION LIVE WAS CREATE	ED IN 2019 IN RESPONSE TO REQUESTS	
FROM MILITARY SPOUSES WHO MIGHT NOT H	HAVE READY ACCESS TO A USO CENTER	
BUT EXPRESSED INTEREST IN PARTICIPAT	ING IN USO MILITARY SPOUSE	
PROGRAMS. THIS VIRTUAL EVENT IS AN HO	DUR-LONG "COFFEE CHAT" BETWEEN A	
USO MILITARY SPOUSE AND AN INFLUENTIA	AL GUEST, IN WHICH THEY DISCUSS	
TOPICS THAT ARE RELEVANT AND TRENDING	G WITHIN THE MILITARY SPOUSE	
COMMUNITY.		
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Schedule O (Form 990) 2022 Name of the organization	Page 2
UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
EXPEDITIONARY PROGRAMS	
THE USO DELIVERS SUPPORT TO SERVICE MEMBERS STATIONED ABROAD WHO ARE	
TRAINING IN ISOLATED LOCATIONS OR ON ARDUOUS MISSIONS IN REMOTE PARTS	
OF THE WORLD.	
USO CARE PACKAGES	
THE USO PROVIDES CARE PACKAGES TO SERVICE MEMBERS AROUND THE WORLD.	
OUR LARGEST PROGRAM PROVIDES DEPLOYED SERVICE MEMBERS WITH TWO	
DIFFERENT TYPES OF CARE PACKAGES A SNACK PACK AND TOILETRY PACK. BOTH	
COME IN BAGS CONSTRUCTED WITH A DURABLE NYLON MATERIAL AND MODULAR	
LIGHTWEIGHT LOAD-CARRYING EQUIPMENT (MOLLE) SYSTEM ON THE BACK FOR EASY	
ATTACHMENT ON MOST MILITARY-ISSUED GEAR. THE SNACK PACK IS ASSEMBLED	
WITH A MIXTURE OF HEALTHY AND SWEET TREATS, WHILE THE STANDARD TOILETRY	
PACK COMES EQUIPPED WITH A WIDE RANGE OF TRAVEL-SIZED HYGIENE PRODUCTS.	
THERE IS ALSO A SPECIAL VERSION OF THE PACK THAT PROVIDES FEMININE	
HYGIENE AND SELF-CARE PRODUCTS. IN 2022, OVER 198,000 DEPLOYMENT CARE	
PACKAGES WERE DELIVERED TO SERVICE MEMBERS IN 84 COUNTRIES AROUND THE	
GLOBE. IN ADDITION TO THE DEPLOYMENT CARE PACKAGES, LOCAL USO TEAMS	
CREATE A VARIETY OF CARE PACKAGES TO SUPPORT OTHER ACTIVITIES SUCH AS	
SAILORS RETURNING HOME AFTER BEING AT SEA OR BASIC TRAINEES TRAVELING	
HOME DURING THE HOLIDAYS. THESE PACKAGES ARE TAILORED TO EACH UNIQUE	
SITUATION.	
USO2GO	
USO2GO WAS LAUNCHED IN 2008 TO ENSURE SERVICE MEMBERS IN REMOTE	
LOCATIONS HAVE SOME OF THE SMALL COMFORTS OF HOME SUCH AS ELECTRONIC	
GAMING, SPORTS EQUIPMENT, BOARD GAMES, MOVIES AND PERSONAL CARE ITEMS.	
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Schedule O (Form 990) 2022

Name of the organization	Employer identification number 13-1610451
UNITED SERVICE ORGANIZATIONS, INC.	15-1010451
TO DATE, THE USO HAS SUPPORTED MORE THAN 2,700 UNITS AND SHIPPED ITEMS	
TO 126 COUNTRIES AND OVER 30 MILITARY SHIPS, INCLUDING THOSE DELIVERED	
TO REMOTE PLACES IN EASTERN EUROPE, SOUTH AMERICA, AUSTRALIA, DJIBOUTI,	
EGYPT, IRAQ, JORDAN, KUWAIT, NORTH AFRICA AND THE PHILIPPINES. USO2GO	
CONTINUES TO BE THE PROGRAM MOST REQUESTED DIRECTLY FROM THE FIELD THAT	
HELPS OUR DEPLOYED SERVICE MEMBERS RELAX AND RECHARGE. IN 2022 THE USO	
SUPPORTED 356 INDIVIDUAL MILITARY TEAMS DEPLOYED TO FAR REACHING	
EXPEDITIONARY LOCATIONS.	
PROGRAM IN A BOX	
USO PROGRAM IN A BOX PROVIDES SERVICE MEMBERS THE OPPORTUNITY TO TAKE	
PART IN THE USO'S MOST POPULAR PROGRAMS NO MATTER WHERE THEY ARE IN THE	
WORLD. IN ONE SINGLE BOX, THE PROGRAM INCLUDES EVERYTHING A MILITARY	
TEAM NEEDS TO HOST A USO PROGRAM. EACH ACTIVITY INCLUDES A	
RECOMMENDATION ON HOW TO SET THE PROGRAM UP, ORGANIZE AN EVENT, A FLYER	
FOR ADVERTISING AND ALL OF THE SUPPLIES TO LEAD THE EVENT. THE USO	
ROTATES 3 PROGRAM THEMES ON A REGULAR BASIS. SOME EXAMPLES OF THESE	
PROGRAMS INCLUDE COMPETITIVE FITNESS ACTIVITIES, PAINT NIGHT, TRIVIA,	
TIE-DYE AND MURDER MYSTERY GAMES. IN 2022 PROGRAM IN A BOX SUPPORTED	
OVER 300 MILITARY TEAMS, PROVIDING OVER 34,000 SERVICE INSTANCES.	
OTHER LOCAL PROGRAMS	
IN ADDITION TO THE CORE PROGRAMS LISTED ABOVE, USO LOCAL TEAMS DESIGN	
AND PRODUCE PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF SERVICE	
MEMBERS AND THEIR FAMILIES IN THEIR GEOGRAPHIC AREA. THIS FLEXIBILITY	
IN PROGRAMING IS CRITICAL DUE THE SIGNIFICANT GEOGRAPHIC SCOPE OF USO	
OPERATIONS AS WELL AS THE DIVERSE NEEDS OF SERVICE MEMBERS AND THEIR	
FAMILIES. THESE LOCALLY DEVELOPED PROGRAMS ALSO SERVE AS AN INNOVATION	
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Name of the organization	Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
LABORATORY FOR FUTURE USO WIDE CORE PROGRAMMING.	

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

USO ENTERTAINMENT

USO ENTERTAINMENT SERVES AS THE PREMIER ENTRY POINT FOR ENTERTAINMENT

INDUSTRY PARTNERS TO DELIVER A DIVERSE RANGE OF FIRST-CLASS PROGRAMMING

TO THE FOOTSTEPS OF SERVICE MEMBERS AND THEIR FAMILIES THROUGH

IN-PERSON TOURS AND THE MILITARY VIRTUAL PROGRAMMING (MVP) SERIES. IN

2022 THE USO DELIVERED 27 IN-PERSON TOURS AND 42 MVP SESSIONS TO OVER

40,000 SERVICE MEMBERS AND MILITARY FAMILIES ACROSS 30 COUNTRIES AND

427 MILITARY SITES AROUND THE WORLD, INCLUDING TOURS TO AUSTRALIA,

COLOMBIA AND GREENLAND.

ENTERTAINMENT ALSO PROVIDED WORLDWIDE, LIMITED ON-DEMAND CONTENT

THROUGH THE USO MOBILE APP, OFFERING UNIQUE PROGRAMMING LEADING UP TO

SUPER BOWL SUNDAY, INCLUDING THE DOCUMENTARIES ALL MADDEN AND THE GREAT

BRADY HEIST AND GAME DAY COMMENTARY FROM THE NFL NETWORK. IN ADDITION,

USO PARTNERED WITH HBO MAX TO AIR ITS HIT DOCUSERIES GAMING WALL

STREET.

USO TRANSITION PROGRAM

THE USO TRANSITION PROGRAM EXTENDS THE USO EXPERIENCE TO ACTIVE DUTY,

RESERVE, NATIONAL GUARD AND MILITARY SPOUSES AT ANY POINT IN THEIR

CAREER AND EDUCATES THEM ON PROFESSIONAL SERVICES AVAILABLE TO THEM TO

BETTER PREPARE THEM AS THEY TRANSITION FROM THE MILITARY AND SETTLE

INTO THEIR NEW COMMUNITIES. THE PROGRAM ALSO SUPPORTS MILITARY SPOUSES

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AT ANY POINT IN THEIR MILITARY JOURNEY AS THEY TRANSITION FROM ONE

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Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number
	15 1010151
INSTALLATION TO THE NEXT.	
THE USO TRANSITION PROGRAM FOCUSES ON THESE KEY AREAS: EMPLOYMENT,	
EDUCATION, FINANCIAL WELLNESS, MENTORSHIP AND INCREASED ACCESS TO	
RELEVANT VETERAN RESOURCES IN THEIR COMMUNITIES WHEN SEPARATION FROM	
SERVICE OCCURS.	
BY LEVERAGING THE UNIQUE POSITION OF HAVING USO LOCATIONS ACROSS THE	
GLOBE, THE USO IS ABLE TO ENGAGE WITH TRANSITION-FOCUSED PROGRAMMING	
EARLIER IN THE SERVICE MEMBERS' CAREER, RESULTING IN HIGHER EDUCATED,	
MORE FINANCIALLY STABLE, AND BETTER-CONNECTED SERVICE MEMBERS AND	
MILITARY SPOUSES.	
THROUGH THE CREATION OF AN INDIVIDUALIZED ACTION PLAN, TRANSITION	
SPECIALISTS COLLABORATE WITH INDIVIDUALS TO IDENTIFY THEIR PERSONAL AND	
PROFESSIONAL GOALS AND BUILD A ROADMAP TO ACHIEVING THOSE GOALS,	
IDENTIFYING SERVICES AND RESOURCES THAT ARE THE BEST FIT FOR THEIR	
NEEDS AND GEOGRAPHIC LOCATION. USO TRANSITION PROGRAM ALSO OFFERS	
OPPORTUNITIES FOR SERVICE MEMBERS AND MILITARY SPOUSES TO LEARN	
RELEVANT AND VALUABLE INFORMATION AS THEY OVERCOME THE CHALLENGES THAT	
TRANSITIONS CAN CREATE THROUGH VARIOUS PROGRAMMING.	
IN 2022, NEW OFFERINGS FOCUSED ON MILITARY SPOUSES WERE ADDED, TO	
INCLUDE A RESUME WRITER SPECIFICALLY EQUIPPED TO SUPPORT SPOUSES,	
DEDICATED SPOUSE TRANSITION SPECIALISTS, AND SPECIFIC INTERVIEW	
PREPARATION OFFERINGS. THE PROGRAM ALSO SUPPORTED MORE THAN 53,000	
PEOPLE THROUGH VIRTUAL AND LOCAL PROGRAMMING WITH 16.1K PLANS	
COMPLETED.	
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Name of the organization	Employer identification numbe
UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
IN ADDITION TO THE CORE PROGRAMS LISTED ABOVE, USO LOCAL TEAMS DESIGN	
AND PRODUCE PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF SERVICE	
MEMBERS AND THEIR FAMILIES IN THEIR GEOGRAPHIC AREA. THIS FLEXIBILITY	
IN PROGRAMMING IS CRITICAL DUE THE SIGNIFICANT GEOGRAPHIC SCOPE OF USO	
OPERATIONS AS WELL AS THE DIVERSE NEEDS OF SERVICE MEMBERS AND THEIR	
FAMILIES. THESE LOCALLY DEVELOPED PROGRAMS ALSO SERVE AS AN INNOVATION	
LABORATORY FOR FUTURE USO WIDE CORE PROGRAMING.	
EXPENSES \$ 8,880,005. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
ITALY, JAPAN, SOUTH KOREA, UNITED ARAB EMIRATES	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OR STOCKHOLDERS	
THE MEMBERSHIP OF THE USO SHALL CONSIST OF TWO CLASSES OF MEMBERS:	
1) VOTING MEMBERS CONSISTING OF MEMBERS OF USO'S BOARD OF GOVERNORS DURING	
THEIR TERMS OF SERVICE, INCLUDING UP TO SIX MEMBERS APPOINTED BY THE	
PRESIDENT OF THE UNITED STATES (THEIR TERMS OF BOARD MEMBERSHIP BEING	
COTERMINOUS WITH SUCH PRESIDENT'S INCUMBENCY); AND	
2) NON-VOTING MEMBERS CONSISTING OF MEMBERS OF THE UNITED STATES ARMED	
FORCES 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 (9) PERSONS DESIGNATED BY THE PRESIDENT	
OF THE UNITED STATES; AND ANY OTHER PERSONS WHO MEET THE CRITERIA	
ESTABLISHED BY THE BOARD OF GOVERNORS FOR MEMBERSHIP.	
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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization UNITED SERVICE ORGANIZATIONS, INC.	Employer identification number 13-1610451
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS OR STOCKHOLDERS ELECTING GOVERNING BODY	
AT THE ANNUAL MEETING, THE VOTING MEMBERS SHALL ELECT MEMBERS OF THE BOARD	
OF GOVERNORS AND TAKE SUCH OTHER ACTION AS MAY BE APPROPRIATELY SUBMITTED	
TO THEM BY THE BOARD OF GOVERNORS. ELECTION OF THE BOARD OF GOVERNORS, OR	
ACTION ON ANY OTHER MATTERS, SHALL BE BY THE AFFIRMATIVE VOTE OF THE	
MAJORITY OF VOTING MEMBERS PRESENT IN PERSON AND ENTITLED TO VOTE AT THE	
MEETING, PROVIDED THOSE PRESENT IN PERSON CONSTITUTE A QUORUM.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PROCESS OF REVIEWING FORM 990	
A COPY OF THE DRAFT IRS FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS,	
OFFICERS, AND KEY EMPLOYEES PRIOR TO ITS FILING WITH THE IRS. THE PROCESS	
WAS CONDUCTED IN JULY AND AUGUST 2023. MEETING MINUTES REFLECT THE REVIEW	
AND DISCUSSION OF THE IRS FORM 990 AT THE AUDIT COMMITTEE MEETING HELD IN	
JULY 2023. AN OUTSIDE ACCOUNTING FIRM PREPARES AND REVIEWS THE IRS FORM	
990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY MONITORING AND ENFORCEMENT	
THE CONFLICT OF INTEREST POLICY IS THE POLICY THAT REQUIRES USO'S	
GOVERNORS, OFFICERS, AND OTHER EMPLOYEES TO AVOID ANY SITUATION WHICH MAY	
CONSTITUTE A CONFLICT OF INTEREST, THAT IS, ANY SITUATION WHICH AN	
INDIVIDUAL USES OR COULD USE HIS OR HER POSITION WITH THE USO FOR PERSONAL	_
GAIN TO AN INDIVIDUAL, MEMBERS OF THE INDIVIDUAL'S FAMILY, OR OTHER	
ORGANIZATIONS WITH WHOM THE INDIVIDUAL IS AFFILIATED, TO THE ACTUAL OR	
POTENTIAL DETRIMENT OF THE USO. THE BOARD OF GOVERNORS HAS ESTABLISHED A	
POLICY WITH REFERENCE TO CONFLICTS OF INTEREST APPLICABLE TO THE BOARD OF	
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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
GOVERNORS. DISCLOSURE OF POTENTIAL CONFLICTS ARE REVIEWED BY THE CEO, CFO	
AND OUTSIDE COUNSEL. ANY INDIVIDUALS THAT HAVE A CONFLICT OF INTEREST ARE	
PROHIBITED FROM DELIBERATIONS AND VOTING ON A TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION	
THE COMPENSATION IS ESTABLISHED BY THE USO'S BOARD OF GOVERNORS FOR THE	
CEO, AND BY MANAGEMENT FOR OTHER EXECUTIVES AFTER AN INDEPENDENT, OUTSIDE	
REVIEW OF INDUSTRY SURVEYS, COMPENSATION STUDIES AND OTHER DATA TO ENSURE	
THAT EXECUTIVE COMPENSATION IS WITHIN THE RANGE OF THAT PAID TO COMPARABLE	
EXECUTIVES OF COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES IN	
COMPARABLE MARKETS, AND THEREFORE REASONABLE. THESE REVIEWS ARE PERFORMED	
ON A BIENNIAL BASIS BY AN INDEPENDENT OUTSIDE CONSULTANT FOR THE FOLLOWING	
POSITIONS: CEO, CFO, CDMO, COO, CHRO/SVP HUMAN RESOURCES, SVP GOVERNMENT &	
EXTERNAL RELATIONS, SVP OPERATIONS, PROGRAMS, AND ENTERTAINMENT, AND	
REGIONAL PRESIDENTS. THE LAST REVIEW WAS PERFORMED IN 2022 FOR ALL	
POSITIONS LISTED AND ALL POSITIONS' COMPENSATION WAS FOUND TO BE WITHIN THE	
RANGE FOR COMPARABLE EXECUTIVES AT COMPARABLE ORGANIZATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA,CO,CT,GA,GU,HI,IL,KY,LA,MA,MI,MN,NJ,NM,NV,PA,SC,TN,VA,WA	
FORM 990, PART VI, SECTION C, LINE 19:	
HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC	
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE USO WEBSITE. THE GOVERNING	
DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON	
REQUEST.	

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
UNITED SERVICE ORGANIZATIONS, INC.	13-1610451
FORM 990, PART IX, LINE 26:	
JOINT COST ACTIVITY DISCLOSURE	
THE USO CONDUCTS JOINT ACTIVITIES THAT BENEFIT PROGRAM SERVICES AND	
INCLUDE A FUNDRAISING APPEAL. THE PROGRAMMATIC COMPONENT OF THESE	
ACTIVITIES INCLUDES A CALL TO ACTION TO ENLIST THE PUBLIC'S AID IN	
IDENTIFYING SERVICE MEMBERS AND THEIR FAMILIES THAT WOULD BENEFIT FROM	
USO'S PROGRAMS AND SERVICES AND AN OPPORTUNITY TO SEND A PERSONALIZED	
MESSAGE OF APPRECIATION TO SERVICE MEMBERS. PERSONALIZED MESSAGES	
RECEIVED FROM THE PUBLIC THROUGH THESE ACTIVITIES ARE DISPLAYED AND	
DISTRIBUTED AT USO LOCATIONS AROUND THE GLOBE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT WRITE OFF (PRIOR YEAR PLEDGES) -84,756.	
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### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

SCHEDULE R (Form 990)

UNITED SERVICE ORGANIZATIONS, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) (c Legal domicile (state or foreign country) sect	Primary activity Legal domicile (state or E			<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
				501(c)(3))		Yes	No	
USO FOUNDATION - 20-8861567								
2111 WILSON BLVD., SUITE 1200								
ARLINGTON, VA 22201	CHARITABLE	VIRGINIA	501(C)(3)	LINE 12A, I	USO, INC.	х		

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

Schedule R (Form 990) 2022

22 **Open to Public** Inspection

Employer identification number

13-1610451

Go to www.irs.gov/Form990 for instructions and the latest information.

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	ll or Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10
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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>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
								Yes	No

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	x	
с	Gift, grant, or capital contribution from related organization(s)	1c	x	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
	Sharing of paid employees with related organization(s)	10	x	-
р	Reimbursement paid to related organization(s) for expenses	1p		x
	Reimbursement paid by related organization(s) for expenses	1q	x	-
r	Other transfer of cash or property to related organization(s)	1r		x
s	Other transfer of cash or property from related organization(s)	1s		Х

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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) USO FOUNDATION	В	2,720,431.	FMV
(2) USO FOUNDATION	С	2,945,627.	FMV
(3) USO FOUNDATION	Q	142,283.	САЅН
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 UNITED SERVICE ORGANIZATIONS, INC.

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)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)												
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage												
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership												
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO													
												-													
												_													

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	Supplemental Informa Provide additional information	on Schedule R. See inst	tructions.	
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