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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SOURCEAMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
8401 OLD COURTHOUSE RD

City or town, state or province, country, and ZIP or foreign postal code
VIENNA, VA 221823820

D Employer identification number
52-1007153

E Telephone number
(571) 226-4655

G Gross receipts $ 191,946,028

F Name and address of principal officer:
RICHARD BELDEN
8401 OLD COURTHOUSE RD
VIENNA, VA 221823820

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SOURCEAMERICA.ORG

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

L Year of formation: 1974

M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CREATE EMPLOYMENT OPPORTUNITIES AND CHOICES FOR PEOPLE WITH SIGNIFICANT DISABILITIES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	456
6	Total number of volunteers (estimate if necessary)	**6**	22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	156,573,830	184,833,481
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,263,982	2,933,708
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,360	860,694
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,831,452	188,627,883
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,093,078	2,428,456
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	60,459,364	63,184,518
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,211,823	102,898,989
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	147,764,265	168,511,963
19	Revenue less expenses. Subtract line 18 from line 12	10,067,187	20,115,920

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	122,990,438	137,455,803
21	Total liabilities (Part X, line 26)	29,735,215	18,483,618
22	Net assets or fund balances. Subtract line 21 from line 20	93,255,223	118,972,185

Part II Signature Block

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

Sign Here

****** 2022-02-10
Signature of officer Date

JEFFREY W MCCAW CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-02-09		P00397829

Firm's name ▶ RSM US LLP — Firm's EIN ▶ 42-0714325

Firm's address ▶ 2021 L STREET NW SUITE 400
WASHINGTON, DC 20036 — Phone no. (202) 293-2200

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

PROVIDE EMPLOYMENT CHOICES FOR INDIVIDUALS WITH DISABILITIES THROUGH THE NONPROFIT AGENCY COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses $ 162,290,270 including grants of $ 2,428,456) (Revenue $ 184,833,481)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e **Total program service expenses ▶** 162,290,270

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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		No
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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		No
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		No
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	97		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	456		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶THOMAS MURPHY 8401 OLD COURTHOUSE RD VIENNA, VA 221823820 (571) 226-4655

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,708,317	0	528,566

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 226

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE GINN GROUP INC 200 WESTPARK DRIVE STE 100 PEACHTREE, GA 30269	SUB-CONTRACTED BUILDING MAINT SVCS	28,246,865
GOODWILL IND OF SOUTH FLORIDA 2121 NW 21ST STREET MIAMI, FL 33142	MANUFACTURING OF M&D PRODUCTS	19,302,650
UD CONTRACTING INC 3049 LILAC ROAD LEITCHFIELD, KY 42754	SUB-CONTRACTED BUILDING MAINT SVCS	5,379,607
PICOLLA MANUFACTURING CO PO BOX 705 SHEPHERSVILLE, KY 40165	SUB-CONTRACTED BUILDING MAINT SVCS	4,784,571
GLOBAL CONNECTIONS 1221 WEST LAKEVIEW AVE PENSACOLA, FL 32501	SUB-CONTRACTED BUILDING MAINT SVCS	3,795,999

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 70

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a - 1f:$ 1g				
	h **Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a FEES	900099	96,879,185	96,879,185	
	b GOVERNMENT CONTRACTS	900099	87,846,046	87,846,046	
	c NATIONAL CONFERENCE	900099	108,250	108,250	
	d				
	e				
	f All other program service revenue.				
	g **Total.** Add lines 2a–2f. . . . . ▶	184,833,481			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,699,985		1,699,985
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a	4,551,868			
	b Less: cost or other basis and sales expenses 7b	3,318,145			
	c Gain or (loss) 7c	1,233,723			
	d Net gain or (loss) . . . . . ▶		1,233,723		1,233,723
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . 8a				
	b Less: direct expenses . . . 8b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
	b Less: direct expenses . . . 9b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . 10a				
	b Less: cost of goods sold . . 10b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a INVENTORY SETTLEMENT	900099	780,000		780,000
	b REIMBURSEMENTS AND OTHER	900099	80,694		80,694
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		860,694		
	12 **Total revenue.** See instructions . . . . . ▶		188,627,883	184,833,481	0 3,794,402

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,428,456	2,428,456		
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	1,460,275	1,000,625	459,650	
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	45,169,090	42,357,495	2,811,595	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,145,805	3,887,518	258,287	
9 Other employee benefits	8,905,074	8,316,669	588,405	
10 Payroll taxes	3,504,274	3,262,479	241,795	
11 Fees for services (non-employees):				
a Management				
b Legal	810,046		810,046	
c Accounting	84,112		84,112	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	124,319		124,319	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,870,284	4,621,009	249,275	
12 Advertising and promotion	2,078,684	2,078,387	297	
13 Office expenses	1,559,035	1,442,925	116,110	
14 Information technology	6,155,153	5,861,100	294,053	
15 Royalties				
16 Occupancy	2,545,175	2,405,190	139,985	
17 Travel	468,245	458,242	10,003	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	211,046	201,055	9,991	
20 Interest	38,647		38,647	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,617,681	1,542,047	75,634	
23 Insurance	681,935	644,429	37,506	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACTS	83,359,784	83,359,784		
b INVENTORY WRITEOFF	683,117	683,117		
c BAD DEBT EXPENSE	18,936	18,936		
d POSTRETIREMENT HEALTHCA	-2,933,025	-2,771,709	-161,316	
e All other expenses	525,815	492,516	33,299	
25 **Total functional expenses.** Add lines 1 through 24e	168,511,963	162,290,270	6,221,693	0
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).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		17,917,995	2	17,881,933
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		36,253,962	4	39,259,430
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		2,126,079	7	1,371,288
	8	Inventories for sale or use		1,282,387	8	
	9	Prepaid expenses and deferred charges		2,117,452	9	1,300,148
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,962,348			
	b	Less: accumulated depreciation	10b 19,666,165	11,326,928	10c	10,296,183
	11	Investments—publicly traded securities		51,664,305	11	67,035,317
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		301,330	15	311,504
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		122,990,438	16	137,455,803
Liabilities	17	Accounts payable and accrued expenses		17,634,254	17	16,466,129
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			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	
	23	Secured mortgages and notes payable to unrelated third parties		7,284,230	23	0
	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 of Schedule D		4,816,731	25	2,017,489
	26	**Total liabilities.** Add lines 17 through 25		29,735,215	26	18,483,618
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		93,255,223	27	118,972,185
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		93,255,223	32	118,972,185
	33	Total liabilities and net assets/fund balances		122,990,438	33	137,455,803

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	188,627,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,511,963
3	Revenue less expenses. Subtract line 2 from line 1	3	20,115,920
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93,255,223
5	Net unrealized gains (losses) on investments	5	5,601,042
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,972,185

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-1007153

Name: SOURCEAMERICA

Form 990 (2020)

Form 990, Part III, Line 4a:

SOURCEAMERICA CONNECTS GOVERNMENT CUSTOMERS AND OTHER ORGANIZATIONS TO A NATIONAL NETWORK OF NONPROFIT AGENCIES THAT HIRE A TALENTED SEGMENT OF THE WORKFORCE - PEOPLE WITH DISABILITIES. ESTABLISHED IN 1974, SOURCEAMERICA IS COMMITTED TO INCREASING ECONOMIC AND SOCIAL INCLUSION AND ADVOCATING FOR A MORE ACCESSIBLE FUTURE OF WORK FOR PEOPLE WITH DIFFERING ABILITIES. AS A LEADING JOB CREATOR WITHIN THE DISABILITY COMMUNITY AND DISTINGUISHED AS AN ABILITYONE AUTHORIZED ENTERPRISE, SOURCEAMERICA HARNESSES THE MOMENTUM AND BOOSTS THE CAPABILITY OF ITS NETWORK AND CUSTOMERS. TO LEARN MORE, VISIT SOURCEAMERICA.ORG AND FOLLOW @SOURCEAMERICA ON FACEBOOK, TWITTER, INSTAGRAM, AND LINKEDIN.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BELDEN CEO (INTERIM CEO 9/20-10/21)	50.00			X				292,164	0	54,159
HOWARD COOKE INTERIM COO	50.00			X				218,142	0	68,701
JEFFREY MCCAW CFO	50.00			X				269,144	0	37,627
CATHY COOKE SVP- ABILITYONE PROGRAMS	50.00				X			271,032	0	43,800
MICHAEL CALDRONE VP - IT	50.00					X		219,526	0	68,857
JILL JOHNSON VP - PRODUCTS	50.00					X		216,491	0	54,496
DENNIS MCBRIDE VP - STRATEGY AND INNOV (THRU 12/20)	50.00					X		234,372	0	24,668
LEEJAY ACHAM VP - CORPORATE PMO	50.00					X		208,995	0	67,122
CHRIS STREAM VP - NPA NETWORK SERVICES	50.00					X		204,556	0	58,224
VINCENT LOOSE FORMER PRES AND CEO (THRU 9/20)	0.00						X	573,895	0	50,912

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NORM LORENTZ CHAIR	5.00	X		X				0	0	0
STEVEN KATSURINIS VICE CHAIR	5.00	X		X				0	0	0
BRIAN BEHLER SECRETARY	5.00	X		X				0	0	0
WILLIAM OGLETREE TREASURER	5.00	X		X				0	0	0
PHYLLIS BARRETT DIRECTOR (AS OF 7/21)	1.50	X						0	0	0
PETER BERNS DIRECTOR	1.50	X						0	0	0
JOHN BOGASKY DIRECTOR	1.50	X						0	0	0
CAROL CARR DIRECTOR (THRU 5/21)	1.50	X						0	0	0
ARMANDO CONTRERAS DIRECTOR	1.50	X						0	0	0
PAMELA COX DIRECTOR (THRU 8/21)	1.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REUBEN ROTMAN DIRECTOR	1.50	X						0	0	0
BOB DANIELS DIRECTOR	1.50	X						0	0	0
DAVID EAGLES DIRECTOR	1.50	X						0	0	0
TERRY FARMER DIRECTOR (THRU 12/21)	1.50	X						0	0	0
GREG GIDDENS DIRECTOR	1.50	X						0	0	0
CHARLOTTE HAMMOND DIRECTOR (AS OF 5/21)	1.50	X						0	0	0
REGGIE HUGHES DIRECTOR (AS OF 7/21)	1.50	X						0	0	0
BARBARA LEDUC DIRECTOR	1.50	X						0	0	0
MARK LEZOTTE DIRECTOR	1.50	X						0	0	0
CATHERINE MELOY DIRECTOR	1.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON SMITH DIRECTOR (AS OF 3/21)	1.50	X						0	0	0
WES TYLER DIRECTOR (THRU 12/21)	1.50	X						0	0	0
ANGELO GRIMA SVP AND GENERAL COUNSEL (AS OF 3/21)	50.00			X				0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SOURCEAMERICA

Employer identification number
52-1007153

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization'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						
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). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
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.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	139,241,734	161,059,454	156,626,080	156,573,830	184,833,481	798,334,579
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	139,241,734	161,059,454	156,626,080	156,573,830	184,833,481	798,334,579
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.	65,061,487	85,494,592	81,075,888	80,375,231	99,148,510	411,155,708
c Add lines 7a and 7b. .	65,061,487	85,494,592	81,075,888	80,375,231	99,148,510	411,155,708
8 **Public support.** (Subtract line 7c from line 6.)						387,178,871

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .	139,241,734	161,059,454	156,626,080	156,573,830	184,833,481	798,334,579
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	960,505	924,398	1,441,736	1,400,014	1,699,985	6,426,638
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	6,460	12,911				19,371
c Add lines 10a and 10b.	966,965	937,309	1,441,736	1,400,014	1,699,985	6,446,009
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	27,220	245,690	1,414,215	-6,360	860,694	2,541,459
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	140,235,919	162,242,453	159,482,031	157,967,484	187,394,160	807,322,047

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	47.960 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	49.330 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	0.800 %
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	0.760 %

19a **331/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in 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 instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer 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.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**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 organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER - 2016 AMOUNT: $ 27,220. 2017 AMOUNT: $ 245,690. 2018 AMOUNT: $ 1,414,215. 2019 AMOUNT: $ -6,360. 2020 AMOUNT: $ 80,694. INVENTORY SETTLEMENT - 2020 AMOUNT: $ 780,000.

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
SOURCEAMERICA	52-1007153

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	71,543	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	42,384	
c Total lobbying expenditures (add lines 1a and 1b)	113,927	
d Other exempt purpose expenditures	168,398,036	
e Total exempt purpose expenditures (add lines 1c and 1d)	168,511,963	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	679,864	639,286	57,967	113,927	1,491,044
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	110,839	131,848	31,817	71,543	346,047

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART I-A LINE 1:	THE ORGANIZATION DOES NOT ENGAGE IN DIRECT OR INDIRECT POLITICAL CAMPAIGN ACTIVITIES.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SOURCEAMERICA

Employer identification number
52-1007153

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,958,528		1,958,528
b Buildings		12,575,236	9,257,488	3,317,748
c Leasehold improvements				
d Equipment		844,397	731,309	113,088
e Other		14,584,187	9,677,368	4,906,819
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				10,296,183

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POSTRETIREMENT BENEFIT OBLIGATION	1,690,053
(3) DEFERRED RENT	194,779
(4) 457B DEFERRED COMPENSATION PLAN	132,657
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,017,489

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	110,744,822
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	5,601,042		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	5,601,042
3	Subtract line **2e** from line **1**			3	105,143,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	124,319		
b	Other (Describe in Part XIII.)	4b	83,359,784		
c	Add lines **4a** and **4b**			4c	83,484,103
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	188,627,883

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

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

1	Total expenses and losses per audited financial statements			1	85,027,860
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	85,027,860
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	124,319		
b	Other (Describe in Part XIII.)	4b	83,359,784		
c	Add lines **4a** and **4b**			4c	83,484,103
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	168,511,963

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1007153
Name: SOURCEAMERICA

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SUBCONTRACT EXPENSES NETTED AGAINST REVENUE IN AUDITED FINANCIALS 83,359,784.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SUBCONTRACT EXPENSES NETTED AGAINST REVENUE IN AUDITED FINANCIALS 83,359,784.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SOURCEAMERICA

Employer identification number
52-1007153

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 139

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

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

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

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

Return Reference	**Explanation**
PART I, LINE 2:	GRANTS ARE AWARDED BASED ON SPECIFIC CRITERIA.

Additional Data

Software ID:
Software Version:
EIN: 52-1007153
Name: SOURCEAMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BREVARD ACHIEVEMENT CENTER INC 1845 COGSWELL STREET ROCKLEDGE, FL 32955	59-1203280	501C3	79,840	4,988	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14CTRANSITION, LAUNCH IT GRANT, TRAINING INCERNTIVE,PPE
LOUISE W EGGLESTON CENTER INC CORPORATE OFFICES NORFOLK, VA 23502	54-0602238	501C3	63,009	6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14C TRANSITION,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARC COMMUNITY PARTNERSHIP FOUNDATION 485 PARC CIRCLE CLEARFIELD, UT 84015	27-4480214	501C3	50,000	13,945	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14C TRANSITION,PPE
NOBIS ENTERPRISES INC 1480 BELLS FERRY ROAD MARIETTA, GA 30066	58-1290439	501C3	46,825	16,715	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	MANAGEMENT ASSSISTANCE GRANT, TRAINING INCENTIVE, EMPLOYEE RESEARCH SYSTEM,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SKILLS INCORPORATED 307 COMMERCE DRIVE ELIZABETH CITY, NC 27909	56-1234184	501C3	50,000	11,713	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14C TRANSITION,PPE
SERVICESOURCE INC 10467 WHITE GRANITE DRIVE OAKTON, VA 22124	54-0901256	501C3	39,800	11,455	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CMMC, LAUNCH IT,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FONTANA RESOURCES AT WORK PO BOX 848 FONTANA, CA 92334	95-2430724	501C3	50,000				14C TRANSITION
ACCESS SUPPORTS FOR LIVING INC 15 FORTUNE ROAD WEST MIDDLETOWN, NY 10941	14-1471097	501C3	50,000				14C TRANSITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PALMETTO GOODWILL SERVICES 2150 EAGLE DRIVE NORTH CHARLESTON, SC 29406	57-0632511	501C3	18,779	16,021	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CMMC, QUALITY WORK ENVIRONMENT, TRAINING INCENTIVE,PPE
SERVICES TO ENHANCE POTENTIAL 2941 S GULLEY ROAD DEARBORN, MI 48124	23-7289763	501C3	23,299	9,976	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	MANAGEMENT ASSSISTANCE GRANT, TRAINING INCENTIVE, EMPLOYEE RESEARCH SYSTEM,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHALLENGE UNLIMITED INC 4 EMMIE L KAUS LANE ALTON, IL 62002	37-0805566	501C3	16,307	16,700	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIROMENT, TRAINING INCENTIVE,PPE
PROFESSIONAL CONTRACT SERVICES INC 718 FM 1626 WEST BUILDING 100 AUSTIN, TX 78748	74-2786094	501C3	19,800	11,702	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	LAUNCH IT,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASPIRO INC 1673 DOUSMAN STREET GREEN BAY, WI 54303	39-0987024	501C3	26,725	4,455	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14C TRANSITION,PPE
PRIDE INDUSTRIES 10030 FOOTHILLS BLVD ROSEVILLE, CA 95747	94-1650529	501C3	27,508				CMMC, MANAGEMENT ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYAUD INDUSTRIES INC 333 W BAYAUD AVE DENVER, CO 80223	84-0616970	501C3	15,652	11,717	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	MANAGEMENT ASSISTANCE,PPE
SKOOKUM EDUCATIONAL PROGRAMS PO BOX 5359 BREMERTON, WA 98312	91-1434778	501C3	26,192				CMMC, QUALITY WORK ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORK INCORPORATED 25 BEACH STREET DORCHESTER, MA 02122	23-7100726	501C3	7,500	16,710	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
KA LIMA O MAUI 95 MAHALANI STREET WAILUKU, HI 96793	99-0105491	501C3	7,500	16,693	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVIGATIONS INCORPORATED 4820 WAYNE ROAD BATTLE CREEK, MI 49037	38-3029800	501C3	7,500	16,658	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT,PPE
SMA HEALTHCARE INC 225 FENTRESS BLVD SUITE A DAYTONA BEACH, FL 32114	59-0976866	501C3	7,958	16,088	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT, EMPLOYEE RESEARCH SYSTEM,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOODWILL SPECIALTY SERVICES INC 4805 NORTH 72ND STREET OMAHA, NE 68134	47-0818929	501C3	10,757	11,165	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CUSTODIAL CERTIFICATION, QUALITY WORK ENVIRONMENT, TRAINING INCENTIVE,PPE
SOUTHEASTERN KENTUCKY REHABILITATION 1205 WEST CUMBERLAND GAP PARKWAY CORBIN, KY 40702	61-0725475	501C3	5,000	16,693	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CMMC,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURES ENTERPRISES INC 306 FORT DRIVE LAGRANGE, GA 30240	81-0581180	501C3	10,000	11,663	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CMMC,PPE
CHILD-ADULT RESOURCE SERVICES INC PO BOX 170 ROCKVILLE, IN 47872	35-1183291	501C3	3,900	16,705	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

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BH SERVICES INC 3650 RANGE ROAD RAPID CITY, SD 57702	36-4081426	501C3	3,900	16,700	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	14C TRANSITION,PPE
THE CENTERS FOR HABILITATIONTCH 215 WEST LODGE DRIVE TEMPE, AZ 85283	86-0217033	501C3	2,858	16,673	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

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CATHOLIC COMMUNITY SERVICES OF SOUTHE 268 WEST ADAMS TUCSON, AZ 85705	86-0100880	501C3	8,500	10,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM, QUALITY WORK ENVIRONMENT,PPE
PORTCO INC 7025 HARBOUR VIEW BLVD SUFFOLK, VA 23435	54-1598359	501C3	7,500	11,465	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT,PPE

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COTTONWOOD INC 2801 WEST 31ST STREET LAWRENCE, KS 66047	48-0780431	501C3	7,500	11,240	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT,PPE
BEACON GROUP INC 308 W GLENN ST TUCSON, AZ 85705	86-0107976	501C3	2,050	16,652	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

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BOBBY DODD INSTITUTE INC 2120 MARIETTA BLVD NW ATLANTA, GA 30318	58-1847107	501C3	8,500	9,983	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM, QUALITY WORK ENVIRONMENT,PPE
THE TRI-DEVELOPMENT CENTER OF AIKEN C PO BOX 698 AIKEN, SC 29802	57-0669586	501C3	1,375	16,663	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM, TRAINING INCENTIVE,PPE

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THE ARC OF CADDO-BOSSIER 351 JORDAN STREET SHREVEPORT, LA 71101	72-0482891	501C3	2,000	16,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM, NATURAL DISASTER,PPE
VIA OF THE LEHIGH VALLEY INC 336 WEST SPRUCE STREET BETHLEHEM, PA 18018	23-1457999	501C3	1,000	16,707	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM GRANT,PPE

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MVW SERVICES INC 605 27TH ST SE MINOT, ND 58702	45-0461622	501C3	675	16,700	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	LAUNDRY CERTIFICATION,PPE
ANTHONY WAYNE REHABILITATION CTR FOR 8515 BLUFFTON ROAD FORT WAYNE, IN 46809	35-1049596	501C3	5,950	11,355	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	QUALITY WORK ENVIRONMENT,PPE

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THE ARC JEFFERSON-ST LAWRENCE PO BOX 41 WATERTOWN, NY 13601	16-1134631	501C3	300	16,700	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
NYSARC INC NEW YORK CITY CHAPTER 83 MAIDEN LANE NEW YORK, NY 10038	13-5596746	501C3		16,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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NORTH BAY REHABILITATION SERVICES IN 649 MARTIN AVE ROHNERT PARK, CA 94928	94-1676736	501C3		16,715	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
HORRY CO DISABILITIES AND SPECIAL NE 250 VICTORY LANE CONWAY, SC 29526	57-0808109	501C3		16,709	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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THE ARC BALTIMORE INC 7215 YORK ROAD BALTIMORE, MD 21212	52-0671428	501C3		16,703	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
DIDLAKE INC 8641 BREEDEN AVENUE MANASSAS, VA 20110	54-0943833	501C3		16,700	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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THOMAS GRADY SERVICE CENTER INC 106 PLANTATION OAK DRIVE THOMASVILLE, GA 31792	58-2175752	501C3		16,695	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
VERSABILITY RESOURCES INC 2520 58TH STREET HAMPTON, VA 23661	54-0802199	501C3		16,695	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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RELAY RESOURCES 5312 NE 148TH AVENUE PORTLAND, OR 97230	93-0468214	501C3		16,689	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
SENECA CAYUGA YATES COUNTIES CHAPTER 1083 WATERLOO-GENEVA ROAD WATERLOO, NY 13165	16-0956917	501C3		16,667	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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HHI SERVICES INC 518 SAN ANTONIO, TX 78216	45-3440954	501C3		16,663	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
MOUNT ROGERS COMMUNITY SERVICES 255 GEORGE JAMES DRIVE WYTHEVILLE, VA 24382	54-1395005	501C3		16,640	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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OPPORTUNITIES INCORPORATED OF JEFFERS 200 E CRAMER STREET FORT ATKINSON, WI 53538	39-1078133	501C3		16,604	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GENESEE-ORLEANS COUNTIES CHAPTER NYS 64 WALNUT ST BATAVIA, NY 14020	23-7150957	501C3		16,594	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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ADELANTE DEVELOPMENT CENTER INC 3900 OSUNA ROAD NE ALBUQUERQUE, NM 87109	85-0262072	501C3	1,100	15,277	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
IMPERIAL COUNTY WORK TRAINING CENTER 210 WAKE AVENUE EL CENTRO, CA 92243	95-3143356	501C3		15,740	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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GW COMMERCIAL SERVICES INC 1635 W MICHIGAN STREET INDIANAPOLIS, IN 46222	35-2082941	501C3	1,149	14,410	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
GOODWILL SERVICES INC 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	54-1821538	501C3	900	14,638	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

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GOODWILL INDUSTRIES OF THE COASTAL EM 7220 SALLIE MOOD DRIVE SAVANNAH, GA 31406	46-1548302	501C3	8,500	6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM, QUALITY WORK ENVIRONMENT,PPE
NYSARC INC CATTARAUGUS NIAGARA COU 338 NORTH 15TH STREET OLEAN, NY 14760	16-0818293	501C3		15,127	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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OPPORTUNITY CENTER INCORPORATED 13 READS WAY NEW CASTLE, DE 19720	51-0079778	501C3		14,758	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
NEW LEAF INC PO BOX 943 OAK HARBOR, WA 98277	91-0847513	501C3	2,950	11,628	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE MEDICAL DOC AND SECURITY SUPPORT, TRAINING INCENTIVE,PPE

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WORK SERVICES CORPORATION 1343 HATTON ROAD WICHITA FALLS, TX 76302	76-2247311	501C3	2,550	11,713	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
DALE ROGERS TRAINING CENTER INC 2501 NORTH UTAH OKLAHOMA CITY, OK 73107	73-0665454	501C3	1,000	12,655	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE

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ACHIEVE HUMAN SERVICES INC 3250A EAST 40TH STREET YUMA, AZ 85365	86-0354970	501C3	3,300	9,768	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
SKILS'KIN 4004 EAST BOONE AVE SPOKANE, WA 99202	91-0856829	501C3	2,996	9,975	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CUSTODIAL CERTIFICATION,PPE

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NORTHEASTERN MICHIGAN REHABILITATION 800 BOLTON STREET ALPENA, MI 49707	38-1867280	501C3	1,500	11,241	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
MAVAGI ENTERPRISES INC 5726 WEST HAUSMAN RD SAN ANTONIO, TX 78249	74-3008826	501C3	1,000	11,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE

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NW WORKS INC 3085 SHAWNEE DRIVE WINCHESTER, VA 22601	54-0880043	501C3	1,000	11,723	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE
PROGRESSIVE DIRECTIONS INC 1249 PARADISE HILL ROAD CLARKSVILLE, TN 37040	62-0984296	501C3	1,000	11,718	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE

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DURHAM EXCHANGE CLUB INDUSTRIES INC 1717 E LAWSON STREET DURHAM, NC 27703	56-0858562	501C3	1,000	11,690	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE
GOOD VOCATIONS INC 5171 EISENHOWER PARKWAY MACON, GA 31206	58-2402364	501C3	1,000	11,660	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE

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JOBONE 1085 S YUMA AVE INDEPENDENCE, MO 64056	43-0922133	501C3	1,000	11,645	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE
GOODWILL INDUSTRIAL SERVICES CORPORAT 1460 GARDEN OF THE GODS ROAD COLORADO SPRINGS, CO 80907	84-1273701	501C3		11,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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BROOKE INDUSTRIES INC 1257 INDUSTRIAL PKWY FOND DU LAC, WI 54937	39-1035282	501C3		11,717	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
EASTERN CAROLINA VOCATIONAL CENTER I 2100 N GREENE STREET GREENVILLE, NC 27834	56-0889288	501C3		11,715	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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HUNTSVILLE REHABILITATION FOUNDATION 2939 JOHNSON ROAD SW HUNTSVILLE, AL 35805	23-7450941	501C3		11,713	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
OCCUPATIONAL DEVELOPMENT CENTER INC 1520 HIGHWAY 32 SOUTH THIEF RIVER FALLS, MN 56701	41-0973895	501C3		11,701	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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READYONE INDUSTRIES INC 1414 ABILITY DR EL PASO, TX 79936	74-2544266	501C3		11,685	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
LAKE WHATCOM RESIDENTIAL AND TREATMEN 3600 MERIDIAN DRIVE BELLINGHAM, WA 98225	91-0884168	501C3		11,685	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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HAGERSTOWN GOODWILL INDUSTRIES INC 14515 PENNSYLVANIA AVE HAGERSTOWN, MD 21742	52-0660403	501C3		11,650	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
COMMUNITY OPTION RESOURCE ENTERPRISES 2121 LAMPMAN DRIVE BILLINGS, MT 59102	81-0309011	501C3		11,645	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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TRESCO INC 1800 COPPER LOOP LAS CRUCES, NM 88005	85-0201597	501C3		11,625	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
RELIEF ENTERPRISE INC PO BOX 15088 AUSTIN, TX 78761	74-2801951	501C3		11,576	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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GWI SERVICES INC 2440 GORDON SMITH DR MOBILE, AL 36617	63-1132591	501C3	600	10,955	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE
ICAN RESOURCES INC 520 CHORITO BLVD ASAN, GU 96910	66-0728657	501C3		11,515	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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FEDCAP REHABILITATION SERVICES INC 633 3RD AVENUE NEW YORK, NY 10017	13-5645879	501C3		11,481	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
THE CORPORATE SOURCE INC 1225 FRANKLIN AVENUE SUITE 335 GARDEN CITY, NY 11530	13-3882284	501C3		11,375	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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CHALLENGE ENTERPRISES OF NORTH FLORID PO BOX 1248 GREEN COVE SPRINGS, FL 32043	59-1478621	501C3		11,235	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
CARC-ADVOCATES FOR CITIZENS WITH DISA 512 SW SISTERS WELCOME RD LAKE CITY, FL 32025	59-1540794	501C3		11,223	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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THE DOUGLAS CENTER 3445 W HOWARD AVE SKOKIE, IL 60076	01-0781831	501C3		11,115	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
ONONDAGA COUNTY CHAPTER NYSARC 600 S WILBUR AVENUE SYRACUSE, NY 13204	15-0561718	501C3		11,100	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ENABLEUTAH 535 W STOCKMAN WAY OGDEN, UT 84401	87-0283745	501C3		9,997	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GOODWILL INDUSTRIES OF NORTH GEORGIA 2201 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	58-0566193	501C3		9,970	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERY CITIZEN HAS OPPORTUNITIES INC P O BOX 2277 LEESBURG, VA 20177	54-0972486	501C3		9,959	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GATEWAY COMMUNITY INDUSTRIES INC 1 AMY KAY PARKWAY KINGSTON, NY 12401	14-1458757	501C3		9,908	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOB OPTIONS INCORPORATED 3465 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108	56-6691004	501C3	9,900				LAUNCH IT GRANT
JEWISH VOCATIONAL SERVICE AND COMMUNI 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	38-1358013	501C3		9,886	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVICE DISABLED VETERANS BUSINESS AS 2212 LEESBOROUGH DRIVE SILVER SPRING, MD 20902	77-0458758	501C3		9,681	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
LANAKILA PACIFIC 1809 BACHELOT STREET HONOLULU, HI 96817	99-0103922	501C3		9,430	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TASKS UNLIMITED INC 2419 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1518696	501C3		9,305	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
NETWORK ENTERPRISES INC 615 PIIKOI ST HONOLULU, HI 96814	99-0241416	501C3	2,400	6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRADEWINDS SERVICES INC 3198 EAST 83RD PLACE MERRILLVILLE, IN 46410	35-1139485	501C3	1,979	6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	ECONOMIC IMPACT PAYMENT ASSISTANCE GRANT,PPE
NUVISIONS CENTER A NOT FOR PROFIT CO 658 VALLEY ST LEWISTOWN, PA 17044	23-1352344	501C3		8,669	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORANGE CO REHABILITATIVE AND DEV SVC PO BOX 267 PAOLI, IN 47454	35-1160833	501C3		8,477	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
HUMAN RESOURCES CENTER OF EDGAR AND C PO BOX 1118 PARIS, IL 61944	37-0922390	501C3		7,585	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOLO EMPLOYMENT SERVICES 660 SIXTH STREET WOODLAND, CA 95695	94-1680532	501C3	7,500		COST		QUALITY WORK ENVIRONMENT
PUEBLO DIVERSIFIED INDUSTRIES INC 2828 GRANADA BOULEVARD PUEBLO, CO 81005	84-0575987	501C3	2,345	4,988	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	CUSTODIAL CERTIFICATION,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PREMIER ALLIANCES INC 1556 NACO HIGHWAY BISBEE, AZ 85603	86-0186105	501C3		7,011	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
MAGIC CITY ENTERPRISES INC 1780 WESTLAND RD CHEYENNE, WY 82001	83-0271501	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOS ANGELES HABILITATION HOUSE 2041 SAN GABRIEL AVE LONG BEACH, CA 90810	20-8579946	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
CINCINNATI GOODWILL WORK SERVICES IN 10600 SPRINGFIELD PIKE CINCINNATI, OH 45215	45-2206768	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OCCUPATIONAL TRAINING CENTER OF BURLI 2 MANHATTAN DRIVE BURLINGTON, NJ 08016	22-1735360	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
THE ARC OF SAN DIEGO 3030 MARKET STREET SAN DIEGO, CA 92102	95-1863913	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH CHILD AND FAMILY SERVICES 216 WEST JACKSON CHICAGO, IL 60606	36-2167757	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GOODWILL INDUSTRIES OF SOUTH FLORIDA 2121 NW 21ST STREET MIAMI, FL 33142	59-0866126	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MELWOOD HORTICULTURAL TRAINING CENTER 5606 DOWER HOUSE ROAD UPPER MARLBORO, MD 20772	52-0857690	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GLOBAL CONNECTIONS TO EMPLOYMENT INC 1221 W LAKEVIEW AVE PENSACOLA, FL 32501	47-2592811	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUERTO RICO INDUSTRIES FOR THE BLIND 2010 JAIME RODRIGUEZ ST MAYAGUEZ, PR 00682	66-0800062	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
PACE ENTERPRISES OF WEST VIRGINIA IN 889 MYLAN PARK LANE MORGANTOWN, WV 26501	55-0528357	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASSETS INC 2330 NICHOLS STREET ANCHORAGE, AK 99508	92-0076696	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
THE ARC OF CUMBERLAND AND PERRY COUNT 71 ASHLAND AVENUE CARLISLE, PA 17013	23-1489837	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WITCO 3919 E USTICK ROAD CALDWELL, ID 83605	23-7377526	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
THE CHARLES LEA CENTER INC 0195 BURDETTE STREET SPARTANBURG, SC 29307	57-6036895	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOODWILL INDUSTRIES OF SOUTH TEXAS CO 2961 S PORT AVENUE CORPUS CHRISTI, TX 78405	46-4705954	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
EASTER SEALS CAPITAL REGION & EASTERN 100 DEERFIELD ROAD WINDSOR, CT 06095	06-0662138	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KNOX COUNTY ASSOCIATION FOR REMARKABL 2525 N 6TH STREET VINCENNES, IN 47591	35-1182628	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
CHESAPEAKE BAY INDUSTRIES INC 713 DOVER RD PO BOX 1906 EASTON, MD 21601	52-0849528	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OE ENTERPRISES INC 348 ELIZABETH BRADY ROAD HILLSBOROUGH, NC 27278	57-0740781	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
EASTER SEALS EAST GEORGIA INC 1930 SUITE B HIGHLAND AVENUE AUGUSTA, GA 30904	58-1918315	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ENTERPRISES OF ST CLAIR COU 1033 26TH STREET PORT HURON, MI 48060	27-3385158	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
CW RESOURCES INC 200 MYRTLE STREET NEW BRITAIN, CT 06053	06-0806499	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RAUCH INC 845 PARK PLACE NEW ALBANY, IN 47150	35-1011521	501C3		6,725	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
GOODWILL SOLUTIONS INC 5355 NW 86TH ST JOHNSTON, IA 50131	42-1497728	501C3		6,435	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ZOOM GROUP 1904 EMBASSY SQUARE BLVD LOUISVILLE, KY 40299	61-1101882	501C3	1,350	4,950	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	LAUNDRY CERTIFICATION,PPE
GARTEN SERVICES INC PO BOX 13970 SALEM, OR 97309	93-0582004	501C3	1,000	5,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	EMPLOYEE RESEARCH SYSTEM,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMPLOYMENT SOURCE INC 600 AMES ST FAYETTEVILLE, NC 28301	56-2253814	501C3		5,480	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
ENMRSH INC 2700 E 7TH STREET CLOVIS, NM 88102	85-0213360	501C3	500	4,813	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	TRAINING INCENTIVE,PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POWER WORKS INDUSTRIES INC 2601 CROSS COUNTRY DRIVE BLDG A COLUMBUS, GA 31906	58-2267548	501C3	5,307		COST		EMPLOYEE RESEARCH SYSTEM, TRAINING INCENTIVE
OPPORTUNITY RESOURCES INC 2821 S RUSSELL ST MISSOULA, MT 59801	81-0247708	501C3		5,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEARTLAND GOODWILL ENTERPRISES 1410 SOUTH 1ST AVE IOWA CITY, IA 52240	46-3331510	501C3		5,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE
INSPIRITEC INC 340 N 12TH STREET PHILADELPHIA, PA 19107	23-3032718	501C3		5,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRIDGES BTC INC 1694 CEDAR STREET ROCKLEDGE, FL 32955	59-0905505	501C3		5,000	COST	PERSONAL PROTECTION EQUIPMENT (PPE)	PPE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SOURCEAMERICA

Employer identification number
52-1007153

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
PART I, LINE 1A	1. TAX INDEMNIFICATION/GROSS-UPS & HOUSING ALLOWANCE/RESIDENCE - THE ORGANIZATION DOES NOT HAVE A WRITTEN POLICY REQUIRING PAYMENT OR REIMBURSEMENT OF THESE BENEFITS; HOWEVER, IF THESE BENEFITS ARE PROVIDED, TERMS AND CONDITIONS ARE OUTLINED IN INDIVIDUAL EMPLOYEE AGREEMENTS. 2. HEALTH/SOCIAL CLUBS - THE ORGANIZATION DOES NOT REIMBURSE EXPENSES RELATED TO SOCIAL CLUB DUES. ALL EXPENSES FOR HEALTH OR FITNESS MUST BE DOCUMENTED AND APPROVED IN LINE WITH THE SOURCEAMERICA APPROVED POLICY PRIOR TO REIMBURSEMENT. A MAXIMUM REIMBURSEMENT OF $500.00 PER YEAR IS OFFERED TO ALL EMPLOYEES INCLUDING HIGHLY COMPENSATED IN ACCORDANCE WITH SOURCEAMERICA'S WELLNESS REIMBURSEMENT PROGRAM.
PART I, LINE 3	THE SOURCEAMERICA EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD SETS AND APPROVES THE COMPENSATION OF THE CEO. THE CEO APPROVES THE COMPENSATION FOR ALL OTHER DISQUALIFIED PERSONS AS DEFINED BY IRS CODE, SECTION 4958 F(1). THIS SOURCEAMERICA EXECUTIVE COMPENSATION COMMITTEE OBTAINS COMPENSATION COMPARABILITY DATA FOR THE CEO AND THE OTHER DISQUALIFIED POSITIONS. THE COMPARABILITY DATA IS GENERALLY PROVIDED BY AN EXPERT IN COMPENSATION AND IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT'S OWN COMPENSATION STUDIES, AND OTHER COMPARABLE DATA. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION OF DISQUALIFIED INDIVIDUALS TO ENSURE NO EXCESS BENEFIT HAS OCCURRED. THE COMMITTEE'S DELIBERATION AND FINAL VOTE EXCLUDES ANY PERSON(S) WHOSE COMPENSATION IS BEING APPROVED OR ANY OTHER BOARD MEMBER WITH A CONFLICT OF INTEREST. THE EXECUTIVE COMPENSATION COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION WITH CONCURRENT APPROVAL FROM THE FULL BOARD OF DIRECTORS. THE ORGANIZATION'S DOCUMENTATION CONTAINS THE FOLLOWING: (1) THE TERMS OF THE APPROVED TRANSACTION AND THE DATE APPROVED; (2) THE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHO WERE PRESENT DURING THE DEBATE ON THE TRANSACTION THAT WAS APPROVED AND THOSE THAT VOTED ON IT; (3) THE COMPARABILITY DATA THAT WAS RELIED ON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED, AND (4) ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INTEREST. ALL DOCUMENTATION MUST BE PREPARED BEFORE THE LATER OF THE NEXT MEETING OF THE EXECUTIVE COMPENSATION COMMITTEE OR 60 DAYS AFTER THE FINAL ACTIONS OF THE ORGANIZATION'S BOARD OF DIRECTORS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE MUST APPROVE THE DOCUMENTATION BY THE NEXT BOARD MEETING.
PART I, LINE 4A	CERTAIN INDIVIDUALS LISTED IN PART VII, SECTION A, LINE 1A RECEIVED SEVERANCE PAYMENTS TOTALING $230,139. THESE PAYMENTS ARE INCLUDED IN PART VII, SECTION A, LINE 1A
PART I, LINE 7	THE BONUS AMOUNTS ARE DISCRETIONARY BASED ON PERFORMANCE TO BOARD APPROVED GOALS.

Additional Data

Software ID:
Software Version:
EIN: 52-1007153
Name: SOURCEAMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1VINCENT LOOSE FORMER PRES AND CEO (THRU 9/20)	(i)	338,895	25,000	210,000	25,869	25,043	624,807	0
	(ii)	0	0	0	0	0	0	0
1RICHARD BELDEN CEO (INTERIM CEO 9/20-10/21)	(i)	270,164	22,000	0	21,473	32,686	346,323	0
	(ii)	0	0	0	0	0	0	0
2HOWARD COOKE INTERIM COO	(i)	209,742	8,400	0	24,795	43,906	286,843	0
	(ii)	0	0	0	0	0	0	0
3JEFFREY MCCAW CFO	(i)	259,143	10,001	0	20,167	17,460	306,771	0
	(ii)	0	0	0	0	0	0	0
4CATHY COOKE SVP- ABILITYONE PROGRAMS	(i)	251,032	20,000	0	27,600	16,200	314,832	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL CALDRONE VP - IT	(i)	210,926	8,600	0	24,596	44,261	288,383	0
	(ii)	0	0	0	0	0	0	0
6JILL JOHNSON VP - PRODUCTS	(i)	195,491	21,000	0	22,306	32,190	270,987	0
	(ii)	0	0	0	0	0	0	0
7DENNIS MCBRIDE VP - STRATEGY AND INNOV (THRU 12/20)	(i)	214,233	0	20,139	10,100	14,568	259,040	0
	(ii)	0	0	0	0	0	0	0
8LEEJAY ACHAM VP - CORPORATE PMO	(i)	190,995	18,000	0	18,480	48,642	276,117	0
	(ii)	0	0	0	0	0	0	0
9CHRIS STREAM VP - NPA NETWORK SERVICES	(i)	196,556	8,000	0	22,880	35,344	262,780	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SOURCEAMERICA

Employer identification number
52-1007153

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	DURING THE YEAR, THE BYLAWS WERE AMENDED AS FOLLOWS: TERMS OF ALL DIRECTORS EXTENDED TWO YEARS PUBLIC POLICY COMMITTEE ADDED AS A COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PROVIDED TO THE FULL SOURCEAMERICA BOARD GENERALLY 15 DAYS IN ADVANCE FOR REVIE W BEFORE IT IS EXECUTED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS MUST FILE AN ANNUAL DISCLOSURE STATEMENT REVEALING A LL CONFLICTS OF INTEREST. THE SOURCEAMERICA BOARD OF DIRECTORS ADOPTED A CODE OF CONDUCT P OLICY THAT ALL BOARD MEMBERS MUST ABIDE BY. ALL SOURCEAMERICA EMPLOYEES, BOARD MEMBERS AND OTHER TEAM MEMBERS MUST ABIDE BY THE CODE OF CONDUCT AND THE CONFLICT OF INTEREST POLICY AND MUST FILE A CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM ON AN ANNUAL BASIS OR SOONE R AS CONFLICTS ARISE. ALL NEW SOURCEAMERICA EMPLOYEES CERTIFY THAT THEY HAVE NO CONFLICT O F INTEREST UPON HIRE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SOURCEAMERICA EXECUTIVE COMPENSATION COMMITTEE AND THE BOARD SETS AND APPROVES THE COM PENSATION OF THE CEO. THE CEO APPROVES THE COMPENSATION FOR ALL OTHER DISQUALIFIED PERSONS AS DEFINED BY IRS CODE SECTION 4958 F(1). THE SOURCEAMERICA EXECUTIVE COMPENSATION COMMIT TEE OBTAINS COMPENSATION COMPARABILITY DATA FOR THE CEO AND OTHER DISQUALIFIED POSITIONS. THE COMPARABILITY DATA IS GENERALLY PROVIDED BY AN EXPERT IN COMPENSATION AND IS BASED ON INDUSTRY SURVEYS, DOCUMENTED COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS, EXPERT'S OWN COMPENSATION STUDIES AND OTHER COMPARABLE DATA. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS ALL COMPENSATION OF DISQUALIFIED INDIVIDUALS TO ENSURE NO E XCESS BENEFIT HAS OCCURRED. THE COMMITTEE'S DELIBERATIONS AND FINAL VOTE EXCLUDES ANY PERS ON(S) WHOSE COMPENSATION IS BEING APPROVED OR ANY OTHER BOARD MEMBER WITH A CONFLICT OF IN TEREST. THE EXECUTIVE COMPENSATION COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION WIT H CONCURRENT APPROVAL FROM THE FULL BOARD OF DIRECTORS. THE ORGANIZATION'S DOCUMENTATION C ONTAINS THE FOLLOWING: 1. THE TERMS OF THE APPROVED TRANSACTION AND THE DATE APPROVED, 2.T HE MEMBERS OF THE EXECUTIVE COMPENSATION COMMITTEE WHO WERE PRESENT DURING THE DEBATE ON T HE TRANSACTION THAT WAS APPROVED AND THOSE THAT VOTED ON IT, 3.THE COMPARABILITY DATA THAT WAS RELIED ON BY THE EXECUTIVE COMPENSATION COMMITTEE AND HOW THE DATA WAS OBTAINED AND 4 . ANY ACTIONS BY A MEMBER OF THE EXECUTIVE COMPENSATION COMMITTEE HAVING A CONFLICT OF INT EREST. ALL DOCUMENTATION MUST BE PREPARED BEFORE THE LATER OF THE NEXT MEETING OF THE EXEC UTIVE COMPENSATION COMMITTEE OR 60 DAYS AFTER THE FINAL ACTIONS OF THE ORGANIZATION'S BOAR D OF DIRECTORS. IN ADDITION, THE EXECUTIVE COMPENSATION COMMITTEE MUST APPROVE THE DOCUMEN TATION BY THE NEXT BOARD MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.