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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 black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: SERVICESOURCE INC  
 Doing Business As:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 6295 EDSALL ROAD No 175  
 City or town, state or country, and ZIP + 4: ALEXANDRIA, VA 22312

**D** Employer identification number: 54-0901256

**E** Telephone number: (703) 461-6000

**G** Gross receipts \$ 91,373,020

**F** Name and address of principal officer:  
 Janet Samuelson  
 6295 EDSALL ROAD No 175  
 ALEXANDRIA, VA 22312

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status:  501(c)(3) (Insert no.)  4947(a)(1) or  527

**J** Website: www.ourpeoplework.org

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1971

**M** State of legal domicile: VA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 ServiceSource, Inc is a 501(c)(3) not-for-profit corporation based in Alexandria, VA. Established in 1971, ServiceSource provides employment, training and other support services to people with disabilities.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	1,909
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	390,884	618,095
	<b>9</b> Program service revenue (Part VIII, line 2g)	89,843,469	82,680,702
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	412,053	323,059
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,196	122,820
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,756,602	83,744,676
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	42,201,235	47,097,214
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>40,800</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	46,077,460	34,534,334
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	88,278,695	81,631,548	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,477,907	2,113,128	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	51,084,547	49,293,838
	<b>21</b> Total liabilities (Part X, line 26)	23,215,017	19,040,139
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	27,869,530	30,253,699

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2011-02-11  
 Type or print name and title: david hodge senior vp & cfo

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: RSM McGLADREY INC, 8000 TOWERS CRESCENT DR STE 500, VIENNA, VA 221826205  
 Preparer's identifying number (see instructions): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (703) 336-6400

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ServiceSource, Inc is a 501(c)(3) not-for-profit corporation based in Alexandria, VA Established in 1971, ServiceSource provides employment, training and other support services to people with disabilities

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ 75,573,020 including grants of \$ ) (Revenue \$ 82,680,702 )

In tax year 2009, ServiceSource served 1,874 people with disabilities, of whom 1,108 were direct employees of the company An additional 195 individuals with disabilities were placed with third-party employers ServiceSource has contract operations in Virginia, Maryland, North Carolina, South Carolina, Colorado and the District of Columbia In addition, ServiceSource partners with other non-profit organizations and other community organizations in prime and subcontractor relationships to fulfill its mission of providing valued jobs and support services to people with disabilities ServiceSource provides supported and affirmative employment through contracts under the Federal AbilityOne Program as well as commercial and local government contracts ServiceSource currently has service contracts in the mail management industry, food service operations, administrative support, logistics and bulk mailing services In addition, ServiceSource's center-based programs include Precision Images Document Management Services, Keep It Green Computer Recycling and light manufacturing and assembly Other programs include a Community Thrift Store and Day Support Programs that focus on maximizing community-integrated rehabilitation and providing innovative daily living skills training, such as meal preparation, grocery shopping, minor household maintenance and landscaping and computer training ServiceSource provides a full-range of rehabilitation services, including job skills training, job placement services, community-based day support and supported employment These services are often funded through the Virginia Department of Rehabilitative Services, County Community Services Boards and/or federally and locally funded grant or fee for service programs In partnership with the Laurie Mitchell Center, which is a participant-operated computer training program for individuals with mental illness, ServiceSource also provides extensive computer training and job placement services In tax year 2009, ServiceSource collaborated with The Skill Source Group, Inc in a Department of Labor grant program to provide assessment, training, supportive services and placement for 48 youth with disabilities with the goal of placing them into Registered Apprenticeship Programs Through an innovative Projects with Industry (PWI) grant funded by the Department of Education, ServiceSource places individuals with disabilities in jobs in the healthcare industry The ServiceSource Foundation is a separate 501 (c) (3) corporation that raises money to support under-funded programs of ServiceSource Founded in 2004, the ServiceSource Foundation raises money and supports community education and outreach on behalf of people with disabilities Since its inception, the ServiceSource Foundation has raised more than \$1.5 million dollars for ServiceSource programs ServiceSource has two subsidiary corporations Community Thrift of Manassas is a thrift store that is operated as a separate 501(c)(3) organization Community Thrift receives and sells donated items to members of the community and provides employment opportunities for individuals with severe disabilities A second subsidiary corporation, ServiceSource Employment Services (SES), is a subcontractor to a commercial company that provides food service operations at Marine Corps bases at Camp Lejeune, North Carolina and Parris Island, South Carolina ServiceSource is part of the ServiceSource Network, which is comprised of five affiliate offices, including ServiceSource in Alexandria, Virginia, Central Fairfax Services in Springfield, Virginia, Employment Source in Fayetteville, North Carolina, OCI in Wilmington, Delaware, abilities of Florida in Clearwater, Florida From Florida to Pennsylvania and west to Colorado, the ServiceSource Network collectively employs nearly 1,600 people with disabilities and provides employment and other support services more than 11,000 individuals Collectively, the ServiceSource Network generated \$127.3 million in revenue in tax year 2009 to support its mission of providing individuals with disabilities an exceptional service delivery experience through innovative and valued employment, training and support services to help them become active, integral and valued members of their communities

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 \$ 75,573,020

Part IV Checklist of Required Schedules

Table with 3 main columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 41		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,909		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
	<b>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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.

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.



<b>1b Total</b>	1,355,150	1,142,708	377,374
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **20**

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 79					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b> 197,445					
	<b>e</b>	Government grants (contributions) <b>1e</b> 411,127					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 9,444					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	618,095				
<b>Program Service Revenue</b>	<b>2a</b>	INDUSTRIAL CONTRACTS	900,099	75,872,611	75,872,611		
	<b>b</b>	contracts from fed/loc	900,099	4,551,929	4,551,929		
	<b>c</b>	medicaid payments	900,099	2,256,162	2,256,162		
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	82,680,702				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	332,086			332,086	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>		(i) Real				
			(ii) Personal				
		<b>b</b>	Gross Rents 61,729				
		<b>c</b>	Less rental expenses				
	<b>d</b>	Rental income or (loss) 61,729					
	<b>e</b>	Net rental income or (loss) . . . . . ▶	61,729			61,729	
	<b>7a</b>		(i) Securities				
			(ii) Other				
		<b>b</b>	Gross amount from sales of assets other than inventory 7,619,317				
<b>c</b>		Less cost or other basis and sales expenses 7,628,344					
<b>d</b>	Gain or (loss) -9,027						
<b>e</b>	Net gain or (loss) . . . . . ▶	-9,027			-9,027		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . ▶						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
<b>11a</b>	OTHER INCOME 900,099		61,091		61,091		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		61,091				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		83,744,676	82,680,702	0	445,879	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	979,954	858,550	120,586	818
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	34,810,057	30,166,438	4,612,347	31,272
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	544,427	514,857	29,371	199
<b>9</b>	Other employee benefits . . . . .	8,109,651	7,669,197	437,488	2,966
<b>10</b>	Payroll taxes . . . . .	2,653,125	2,396,809	254,590	1,726
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	97,507	998	95,859	650
<b>c</b>	Accounting . . . . .	103,610		102,912	698
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	13,610,775	13,368,480	240,663	1,632
<b>12</b>	Advertising and promotion . . . . .	83,507	65,208	18,176	123
<b>13</b>	Office expenses . . . . .	1,185,758	887,087	296,660	2,011
<b>14</b>	Information technology . . . . .	162,155	126,984	34,934	237
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,828,450	1,699,963	127,622	865
<b>17</b>	Travel . . . . .	570,671	400,224	169,299	1,148
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	175,931	76,046	99,212	673
<b>20</b>	Interest . . . . .	456,750	452,380	4,341	29
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,903,748	1,768,818	134,021	909
<b>23</b>	Insurance . . . . .	222,233	108,716	112,753	764
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	CONTRACT/other supplies	10,914,603	10,833,269	80,786	548
<b>b</b>	NISH Commission	2,289,104	2,289,104		
<b>c</b>	repairs & maintenance	1,555,276	1,367,101	186,908	1,267
<b>d</b>	support service	299,913	54,076	244,181	1,656
<b>e</b>	overhead allocation	-1,726,602		-1,714,975	-11,627
<b>f</b>	All other expenses	800,945	468,715	329,994	2,236
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	81,631,548	75,573,020	6,017,728	40,800
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,386	<b>1</b>	10,992
	<b>2</b> Savings and temporary cash investments . . . . .	2,836,382	<b>2</b>	1,435,952
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	14,040,294	<b>4</b>	13,544,954
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	3,260,238	<b>8</b>	434,048
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,095,130	<b>9</b>	1,422,594
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	17,495,471		
	<b>b</b> Less accumulated depreciation . . . . .	7,959,370	<b>10c</b>	9,536,101
	<b>11</b> Investments—publicly traded securities . . . . .	10,503,416	<b>11</b>	11,647,084
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	67,849	<b>12</b>	74,768
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	10,104,018	<b>15</b>	11,187,345
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	51,084,547	<b>16</b>	49,293,838	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,125,935	<b>17</b>	12,816,559
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	172,940	<b>19</b>	176,360
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,916,142	<b>23</b>	6,047,220
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	23,215,017	<b>26</b>	19,040,139
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	27,869,530	<b>27</b>	30,253,699
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	27,869,530	<b>33</b>	30,253,699	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	51,084,547	<b>34</b>	49,293,838	

**Part XI Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SERVICESOURCE INC

Employer identification number

54-0901256

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

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

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

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

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the 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—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**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 IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	139,789	177,570	242,533	376,345	618,095	1,554,332
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	42,146,802	41,910,366	68,502,634	89,858,008	82,680,702	325,098,512
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	42,286,591	42,087,936	68,745,167	90,234,353	83,298,797	326,652,844
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public Support</b> (Subtract line 7c from line 6)						326,652,844

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	42,286,591	42,087,936	68,745,167	90,234,353	83,298,797	326,652,844
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	465,997	518,839	473,412	458,167	393,815	2,310,230
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	465,997	518,839	473,412	458,167	393,815	2,310,230
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	175,489	166,266	20,005	48,467	61,091	471,318
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)	42,928,077	42,773,041	69,238,584	90,740,987	83,753,703	329,434,392
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	99.160 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	98.940 %

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	0.700 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	0.850 %

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-0901256  
**Name:** SERVICESOURCE INC

**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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph J Sorota Jr chair	2 00	X		X				0	0	0
Diane Murray vice chair	2 00	X		X				0	0	0
Dr Ralph Shrader treasurer	2 00	X		X				0	0	0
Charles Harles director	2 00	X						0	0	0
Margaret Perlmutter director	2 00	X						0	0	0
Julian Booker director	2 00	X						0	0	0
Marilynn Bersoff director	2 00	X						0	0	0
Weyher Dawson director	2 00	X						0	0	0
Emily M Maffey director	2 00	X						0	0	0
Daniel Nichols director	2 00	X						0	0	0
Michelle Lee director	2 00	X						0	0	0
George Newstrom director	2 00	X						0	0	0
Steven Toth director	2 00	X						0	0	0
Janet Samuelson president & ceo	28 00			X				204,544	87,661	40,751
David Hodge senior vp & cfo	16 00			X				94,049	141,075	14,802
MARK HALL Sr VP CORP DEVELOPMENT	16 00			X				89,037	133,557	46,728
Bruce Patterson SR VP METRO REGION	22 00			X				118,478	96,936	34,671
Guy Klenke Sr VP of South Region	0 00				X			0	201,839	21,967
Thomas Troeschel Corporate VP of Metro Re	40 00				X			187,776	0	32,221
Bertha Parbey Sr VP Human Resources	24 00				X			107,243	71,495	24,902
Lisa Ward Senior VP Commun & Commu	14 00				X			60,974	113,237	33,171
WILLIAM SANDONATO SENIOR VP PROGRAM DEV	16 00					X		73,592	110,388	20,678
Tom Chang vp finance	24 00					X		69,110	103,665	33,692
Jeffrey Ring VP Contracts Administrat	18 00					X		55,236	82,855	15,525
Larry Crabtree Corporate VP of South Re	40 00					X		157,628	0	39,637

**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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mabelene Aycock VP operations	40 00					X		137,483	0	18,629

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
CONTRACT/other supplies	10,914,603	10,833,269	80,786	548
NISH Commission	2,289,104	2,289,104		
repairs & maintenance	1,555,276	1,367,101	186,908	1,267
support service	299,913	54,076	244,181	1,656
overhead allocation	-1,726,602		-1,714,975	-11,627

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization SERVICESOURCE INC

Employer identification number

54-0901256

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	11,892,430	12,721,073			
<b>b</b> Contributions . . . . .		2,700			
<b>c</b> Investment earnings or losses . . . . .	446,623	-69,434			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	438,048	687,736			
<b>f</b> Administrative expenses . . . . .	75,447	74,173			
<b>g</b> End of year balance . . . . .	11,825,558	11,892,430			

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

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		730,861		730,861
<b>b</b> Buildings . . . . .		1,460,558	335,015	1,125,543
<b>c</b> Leasehold improvements . . . . .		1,866,969	1,252,783	614,186
<b>d</b> Equipment . . . . .		1,360,210	1,045,213	314,997
<b>e</b> Other . . . . .		12,076,873	5,326,359	6,750,514
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,536,101



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	83,744,676
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	81,631,548
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	2,113,128
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	271,041
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	271,041
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	2,384,169

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	84,015,717
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	271,041
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	271,041
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	83,744,676
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	83,744,676

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	81,631,548
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	81,631,548
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	81,631,548

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ServiceSource, Inc Income from the Fund is used to pay for the defined contribution retirement plan expenses for employees who are not otherwise covered by retirement plans, and to subsidize the wage differential between commensurate wages ( from productivity measurement)and the prevailing/minimum wages, and for the benefit of employees with disabilities Opportunity Center, Inc OCI's endowment represents Board designated net assets, the income from which is expended to support OCI's operations OCI's investment objective is to earn a respectable, long-term, risk-adjusted total return to support their long-term programs Certain investments are subject to the designation of the Board of Directors requiring that the endowed principal and investment income be invested in a separate investment portfolio OCI is primarily invested in equity securities and money market funds Investment earnings in excess of Board-determined benchmarks can be utilized for Board specified operating purposes The Board has designated net assets of \$60,000 to be used annually for operations
Part X	Description of Uncertain Tax Positions Under FIN 48	Management evaluated the organization's tax positions and concluded that the organization had taken no uncertain tax positions that require adjustment to the financial statements

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SERVICESOURCE INC

Employer identification number

54-0901256

**Part I Questions Regarding Compensation**

Yes No

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

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

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

**1b**

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

**2**

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

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

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

**a** Receive a severance payment or change-of-control payment?

**4a**

No

**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) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**5a**

No

**b** Any related organization?

**5b**

No

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**6a**

No

**b** Any related organization?

**6b**

No

If "Yes," to line 6a or 6b, describe in Part III

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

**7**

No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**8**

No

**9** If "Yes" to 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 Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
janet samuelson	(i)	166,145	30,100	8,299	15,400	13,126	233,070	0
	(ii)	71,205	12,900	3,556	6,600	5,625	99,886	0
david hodge	(i)	79,423	13,600	1,026	3,780	2,141	99,970	0
	(ii)	119,135	20,400	1,540	5,670	3,211	149,956	0
MARK HALL	(i)	76,283	12,400	354	8,800	9,891	107,728	0
	(ii)	114,425	18,600	532	13,200	14,837	161,594	0
Bruce Patterson	(i)	100,580	17,600	298	9,075	9,994	137,547	0
	(ii)	82,293	14,400	243	7,425	8,177	112,538	0
Guy Klenke	(i)	0	0	0	0	0	0	0
	(ii)	172,083	29,000	756	14,331	7,636	223,806	0
thomas troeschel	(i)	157,386	26,000	4,390	20,769	11,452	219,997	0
	(ii)	0	0	0	0	0	0	0
Bertha Parbey	(i)	93,030	13,800	413	7,290	7,651	122,184	0
	(ii)	62,020	9,200	275	4,860	5,101	81,456	0
lisa ward	(i)	51,777	9,100	97	5,775	5,835	72,584	0
	(ii)	96,158	16,900	179	10,725	10,836	134,798	0
WILLIAM SANDONATO	(i)	72,651	0	941	4,518	3,754	81,864	0
	(ii)	108,977	0	1,411	6,776	5,630	122,794	0
tom chang	(i)	59,700	8,000	1,410	13,200	7,015	89,325	0
	(ii)	89,551	12,000	2,114	8,800	4,677	117,142	0
jeffrey Ring	(i)	47,468	7,200	568	3,973	3,013	62,222	0
	(ii)	71,203	10,800	852	4,856	3,683	91,394	0
larry Crabtree	(i)	136,024	20,500	1,104	22,000	17,637	197,265	0
	(ii)	0	0	0	0	0	0	0
Mabelene Aycock	(i)	119,457	17,000	1,026	12,057	6,572	156,112	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SERVICESOURCE INC

**Employer identification number**

54-0901256

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		After an extensive internal review, the preliminary 990 tax return is posted to the organization's website for internal use. The returns are also made available to the members of the audit committee and board of directors for their review and comments and request for a formal meeting, if deemed necessary.
Form 990, Part VI, Section B, line 12c		It is the policy of ServiceSource Network that all business transactions, whether within the corporation or with clients, customers, or vendors, must be conducted with impartiality and integrity. Corporation employees, officers, and agents should avoid business or personal relationships that may compromise their integrity and objectivity.
Form 990, Part VI, Section B, line 15		ServiceSource Network engaged Mercer Consulting in 2008 to do a study and provide recommendation on the executive pay. The study took about 6 months, and it involved in the comprehensive comparison of responsibilities of the position with similar positions in other non-profit organizations, and government agencies. Also it took into account of the geographic disparities due our dispersed operations. As result of the study, several vice president level positions were created, and there were some salary adjustments made. ServiceSource Network conducts the similar study every two years with the next due in May 2010.
Form 990, Part VI, Section C, line 19		The organization makes its conflict of interest policy, organizational documents and financial statements available to the general public upon request.
form 990, part Xi, line 2c		the process has been consistent with prior years
form 990, part VII	average hours per week devoted to related organizations	SS ES ABF HFI SSES OCI Janet Samuelson 28 2 3 1 2 4 David Hodge 16 6 7 1 2 8 Mark Hall 16 8 7 1 4 4 Bruce Patterson 22 6 3 1 2 6 Guy Klenke 0 0 36 4 0 0 Thomas Troeschel 40 0 0 0 0 0 Bertha Parbey 24 4 3 1 4 4 Lisa Ward 14 6 7 1 4 8 William Sandonato 16 4 7 1 4 8 Thomas Chang 24 4 2 0 2 8 Larry Crabtree 40 0 0 0 0 0 Jeff Ring 18 8 3 1 8 2 Mabelene Aycock 40 0 0 0 0 0
form 990, schedule R, Part II		ServiceSource is part of the ServiceSource Network, which is comprised of five affiliate offices, including ServiceSource in Alexandria, Virginia, Central Fairfax Services in Springfield, Virginia, Employment Source in Fayetteville, North Carolina, OCI in Wilmington, Delaware, abilities of Florida in Clearwater, Florida. From Florida to Pennsylvania and west to Colorado, the ServiceSource Network collectively employs nearly 1,600 people with disabilities and provides employment and other support services more than 11,000 individuals. Collectively, the ServiceSource Network generated \$127.3 million in revenue in tax year 2009 to support its mission of providing individuals with disabilities an exceptional service delivery experience through innovative and valued employment, training and support services to help them become active, integral and valued members of their communities.
form 990, Part IX		Expenses on Part IX of the 990 are net of allocations of corporate expenses to other related entities.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SERVICESOURCE INC

**Employer identification number**  
54-0901256

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ServiceSource Enterprises LLC 6295 EDSALL ROAD alexANDRIA, VA 22312 20-5683792	food services contract	VA	0	0 N/A	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
<b>(1)</b>	ServiceSource Foundation Inc	C	197,445
<b>(1)</b>	See Additional Data Table		
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 54-0901256  
**Name:** SERVICESOURCE INC

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Employment Source Inc 600 AMES STREET FAYETTEVILLE, NC28301 56-2253814	PROVIDE EMPLOYMENT, TRAINING & OTHER SERVICES TO PERSONS WITH DISABILITIES	NC	501(c)(3)	Line 9	N/A
ServiceSource Employment Services Inc 6295 EDSALL ROAD ste 175 alexANDRIA, VA22312 56-2226062	to serVE THOSE WITH DISABILITIES	VA	501(c)(3)	Line 9	N/A
Abilities Inc of Florida 2735 WHITNEY ROAD CLEARWATER, FL33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(c)(3)	Line 9	N/A
Homes for Independence 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3342379	TO SERVE THOSE WITH DISABILITIES	FL	501(c)(3)	Line 7	N/A
Community Thrift Inc 6295 EDSALL ROAD ste 175 alexANDRIA, VA22312 54-1957154	to SERVE THOSE WITH DISABILITIES	VA	501(c)(3)	Line 9	N/A
Opportunity Center Inc 3030 BOWERS STREET WILMINGTON, DE19802 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(c)(3)	Line 9	N/A
Opportunity Society Foundation 3030 BOWERS STREET wilmington, DE19802 20-2588808	to serVE THOSE WITH DISABILITIES	DE	501(c)(3)	Line 9	N/A
ServiceSource Foundation Inc 6295 EDSALL ROAD ste 175 ALEXANDRIA, VA22312 20-1438270	TO SERVE THOSE WITH DISABILITIES	VA	501(c)(3)	Line 9	N/A
Homes for Independence Inc (NC) 2735 WHITNEY ROAD cLEARWATER, FL33760 26-2833829	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Homes for Independence Properties Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 26-2775108	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Homes for Independence Space Coast Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 26-2799386	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Morningside Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3317445	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Fountain Square Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3317443	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Windjammer Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3352353	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Windjammer II Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3352353	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Woodside Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3352350	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Casablanca Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3555080	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Windover Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3555082	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Parklane Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 59-3617978	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Crestview Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 31-1765941	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at St Andrews Cove Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 22-3849222	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at College Pines Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 22-3849262	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at San Jaun Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 55-0807511	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at San Jaun II Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 51-0491999	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Briarcliff Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 34-1979530	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at English Park(eagles nest) 2735 WHITNEY ROAD cLEARWATER, FL33760 51-0530355	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Eagles Nest-Lake Bentley 2735 WHITNEY ROAD cLEARWATER, FL33760 51-0530353	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Bartons Landing Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 51-0614539	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A
Abilities at Cumberland Towers Inc 2735 WHITNEY ROAD cLEARWATER, FL33760 26-1686054	to provide low income housing for those with disabilities	FL	501(c)(3)	Line 9	N/A