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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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 \$ 89,263,187

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) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.SERVICESOURCE.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1971 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE EMPLOYMENT, TRAINING AND OTHER SUPPORT SERVICES TO PEOPLE WITH DISABILITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,830
	6 Total number of volunteers (estimate if necessary)	6	0
	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 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	618,095	370,416
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	82,680,702	79,765,597
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,059	236,050
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	122,820	137,092
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	83,744,676	80,509,155
	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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	47,097,214	48,299,304
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,160	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	34,534,334	30,431,204
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	81,631,548	78,730,508
19 Revenue less expenses Subtract line 18 from line 12	2,113,128	1,778,647	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	49,293,838	51,523,170
	22 Net assets or fund balances Subtract line 21 from line 20	19,040,139	18,684,665

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: 2012-03-01
 Type or print name and title: DAVID HODGE EXECUTIVE VP & CFO

Paid Preparer Use Only

Print/Type preparer's name: YONG ZHANG CPA	Preparer's signature: YONG ZHANG CPA	Date: _____	Check if self-employed <input type="checkbox"/>	PTIN: _____
Firm's name: MCGLADREY & PULLEN LLP				Firm's EIN: _____
Firm's address: 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 221826205				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

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SERVICOURCE, INC (DBA "SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES") IS A 501(C)(3) NOT-FOR-PROFIT CORPORATION BASED IN ALEXANDRIA, VA ESTABLISHED IN 1971, SERVICOURCE 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 \$ 72,208,379 including grants of \$) (Revenue \$ 79,765,597)

IN FY 2011, THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES SERVED 2,013 PEOPLE WITH DISABILITIES, OF WHOM 995 WERE DIRECT EMPLOYEES OF THE COMPANY AN ADDITIONAL 183 INDIVIDUALS WITH DISABILITIES WERE PLACED IN JOBS WITH THIRD-PARTY COMMUNITY EMPLOYERS THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES HAS CONTRACT OPERATIONS IN VIRGINIA, MARYLAND, NORTH CAROLINA, COLORADO AND THE DISTRICT OF COLUMBIA IN ADDITION, SERVICOURCE 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 THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES PROVIDES SUPPORTED AND AFFIRMATIVE EMPLOYMENT FOR PEOPLE WITH DISABILITIES BY SECURING BUSINESS SERVICE CONTRACTS UNDER THE FEDERAL ABILITYONE PROGRAM AS WELL AS COMMERCIAL AND LOCAL GOVERNMENT CONTRACTS SERVICOURCE CURRENTLY HAS SERVICE CONTRACTS IN THE MAIL CENTER MANAGEMENT INDUSTRY, FOOD SERVICE OPERATIONS, ADMINISTRATIVE SUPPORT, TOTAL FACILITIES MANAGEMENT, LOGISTICS AND BULK MAILING SERVICES IN FY 2011, SERVICOURCE SECURED NEW ABILITYONE TOTAL FACILITIES MANAGEMENT (TFM) CONTRACTS WITH THE FEDERAL ENERGY REGULATORY COMMISSION (FERC) AND THE MARK CENTER, EXPANDING ITS SERVICE LINE OF BUSINESS AND EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES SERVICOURCE'S CENTER-BASED PROGRAMS IN VIRGINIA 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 HABILITATION 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 MORE THAN 100 INDIVIDUALS WERE SERVED THROUGH DAY HABILITATION PROGRAMS IN FY 2011 THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES 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, SERVICOURCE ALSO PROVIDES EXTENSIVE COMPUTER TRAINING AND JOB PLACEMENT SERVICES IN FY 2011, SERVICOURCE WAS SELECTED TO PARTICIPATE IN THE SOCIAL SECURITY ADMINISTRATION'S BENEFIT OFFSET NATIONAL DEMONSTRATION (BOND) PROJECT UNDER THIS FIVE YEAR GRANT PROGRAM, SERVICOURCE PROVIDES ENHANCED WORK INCENTIVES COUNSELING (EWIC) FOR THE DC METRO AREA FORTY-TWO INDIVIDUALS WITH DISABILITIES WERE SERVED THROUGH THIS PROGRAM IN FY 2011 THE SERVICOURCE VIRGINIA OFFICE FOR EMPLOYMENT AND REHABILITATION IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICOURCE " GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS IN ADDITION TO THE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION, OTHER OFFICES INCLUDE THE FLORIDA REGIONAL OFFICE LOCATED IN CLEARWATER, FLORIDA, THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IN SPRINGFIELD, VIRGINIA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICOURCE COLLECTIVELY EMPLOYED MORE THAN 1,600 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 13,000 INDIVIDUALS IN FY 2011 THE FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES THE SERVICOURCE FOUNDATION IS A SEPARATE 501 (C) (3) CORPORATION THAT RAISES MONEY TO SUPPORT UNFUNDED OR UNDER-FUNDED PROGRAMS OF THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES FOUNDED IN 2004, THE SERVICOURCE FOUNDATION RAISES MONEY AND SUPPORTS COMMUNITY EDUCATION AND OUTREACH ON BEHALF OF PEOPLE WITH DISABILITIES ONE HUNDRED PERCENT OF MONEY RAISED THROUGH THE FOUNDATION GOES IN DIRECT SUPPORT OF THE PROGRAMS AND PEOPLE SERVED BY SERVICOURCE IN FY 2011, THE SERVICOURCE FOUNDATION FUNDED NUMEROUS DAY HABILITATION PROGRAMS, INCLUDING ART, MUSIC AND DANCE THERAPY AS WELL AS THERAPEUTIC HORSEBACK RIDING THE SERVICOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES 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, SERVICOURCE EMPLOYMENT SERVICES (SES), IS A SUBCONTRACTOR TO A COMMERCIAL COMPANY THAT PROVIDES FOOD SERVICE OPERATIONS AT THE MARINE CORPS BASE AT CAMP LEJEUNE, NORTH CAROLINA

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 \$ 72,208,379

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 <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
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		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		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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		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 <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
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. <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>		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. <input checked="" type="checkbox"/>		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. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
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. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	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, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		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)		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		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		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	22		No
23 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>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . .</i>	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) and 501(c)(4) organizations. 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>	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? <i>If "Yes," complete Schedule L, Part I . . .</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . .</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . .</i>	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, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	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? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . .</i>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35	Yes	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	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? <i>If "Yes," complete Schedule R, Part VI . . .</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and various organizational requirements.

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 to any question 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		
1b	Enter the number of voting members included in line 1a, above, who 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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> VA , DC , MD
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 <input checked="" type="checkbox"/> THOMAS CHANG 6925 EDSALL ROAD 175 ALEXANDRIA, VA 22312 (703) 461-6147

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) MARILYNN BERSOFF CHAIR	2 00	X		X			0	0	0	
(2) JULIAN BOOKER VICE CHAIR	2 00	X		X			0	0	0	
(3) GEORGE NEWSTROM TREASURER	2 00	X		X			0	0	0	
(4) JOSEPH J SOROTA JR DIRECTOR - OFFICE OF THE PAST CHAIR	2 00	X					0	0	0	
(5) DR RALPH SHRADER DIRECTOR	2 00	X					0	0	0	
(6) CHARLES HARLES DIRECTOR	2 00	X					0	0	0	
(7) WEYHER DAWSON DIRECTOR	2 00	X					0	0	0	
(8) EMILY M MAFFEY DIRECTOR	2 00	X					0	0	0	
(9) DANIEL NICHOLS DIRECTOR	2 00	X					0	0	0	
(10) MICHELLE LEE DIRECTOR	2 00	X					0	0	0	
(11) STEVEN TOTH DIRECTOR	2 00	X					0	0	0	
(12) RHONDA S VANLOWE DIRECTOR	2 00	X					0	0	0	
(13) JANET SAMUELSON PRESIDENT & CEO	26 00			X			197,598	106,399	14,706	
(14) DAVID HODGE EXECUTIVE VP & CFO	16 00			X			105,423	158,134	7,276	
(15) BRUCE PATTERSON EXECUTIVE VP & COO	18 00			X			104,628	127,880	14,706	
(16) MARK HALL EXECUTIVE VP CORP DEV /SECRETARY	16 00			X			90,387	135,581	17,497	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) LISA WARD EXECUTIVE VP COMMUN & COMMUNI	14 00				X			64,545	119,871	14,706
(18) THOMAS TROESCHEL SR VP OF OPERATION	40 00				X			193,940	0	10,103
(19) BERTHA PARBEY SR VP HUMAN RESOURCES	24 00				X			91,873	61,248	11,294
(20) TOM CHANG VP FINANCE	24 00					X		113,390	75,593	9,233
(21) JEFFREY RING VP CONTRACTS ADMINISTRATIO	18 00					X		61,917	75,677	3,732
(22) LARRY CRABTREE SR VP OF OPERATION	16 00					X		63,583	95,374	11,839
(23) MABELENE AYCOCK VP OPERATIONS	40 00					X		0	0	0
(24) LISA M LONG VP - INFORMATION MANAGEMENT	16 00					X		54,413	81,620	6,462
(25) KENNETH J CRUM VP - OPERATIONS	40 00					X		135,658	0	14,706
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,277,355	1,037,377	136,260

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 **24**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d	153,000				
	e Government grants (contributions) 1e	217,126				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	180				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼		370,416			
	Program Service Revenue			Business Code		
2a INDUSTRIAL CONTRACTS		900099	72,694,668	72,694,668		
b CONTRACTS FROM FED/LOC		900099	4,773,242	4,773,242		
c MEDICAID PAYMENTS		900099	2,297,687	2,297,687		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			79,765,597			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		263,308		263,308	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real	61,729			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	61,729			
	d Net rental income or (loss) ▼		61,729		61,729	
	7a Gross amount from sales of assets other than inventory	(i) Securities	8,710,274	16,500		
		(ii) Other				
		b Less cost or other basis and sales expenses	8,754,032			
		c Gain or (loss)	-43,758	16,500		
d Net gain or (loss) ▼		-27,258		-27,258		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▼					
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
Miscellaneous Revenue		Business Code				
11a OTHER INCOME	900099	75,363			75,363	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▼		75,363				
12 Total revenue. See Instructions ▼		80,509,155	79,765,597	0	373,142	

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
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	907,456	797,715	109,200	541
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	35,696,243	31,221,297	4,452,880	22,066
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	981,459	925,215	55,967	277
9	Other employee benefits	7,976,348	7,519,254	454,840	2,254
10	Payroll taxes	2,737,798	2,467,881	268,586	1,331
a	Fees for services (non-employees)				
	Management				
b	Legal	171,427	16,432	154,231	764
c	Accounting	121,354		120,756	598
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	14,441,550	14,224,023	216,454	1,073
12	Advertising and promotion	100,534	61,758	38,585	191
13	Office expenses	1,021,071	749,825	269,909	1,337
14	Information technology				
15	Royalties				
16	Occupancy	1,872,475	1,768,630	103,333	512
17	Travel	542,776	349,049	192,772	955
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	128,464	61,587	66,547	330
20	Interest	391,114	389,820	1,288	6
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,255,003	2,058,560	195,474	969
23	Insurance	300,970	121,076	179,007	887
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRACT/OTHER SUPPLIES	5,248,200	5,149,167	98,545	488
b	NISH COMMISSION	2,266,869	2,266,869		
c	REPAIRS & MAINTENANCE	1,701,523	1,528,477	172,193	853
d	SUPPORT SERVICE	351,850	42,993	307,334	1,523
e	OVERHEAD ALLOCATION	-1,597,632		-1,589,754	-7,878
f	All other expenses	1,113,656	488,751	621,822	3,083
25	Total functional expenses. Add lines 1 through 24f	78,730,508	72,208,379	6,489,969	32,160
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	10,992	1	12,797
	2 Savings and temporary cash investments	1,435,952	2	2,008,321
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,544,954	4	13,213,151
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	434,048	8	137,306
	9 Prepaid expenses and deferred charges	1,422,594	9	1,702,805
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	18,046,151		
	b Less accumulated depreciation	10,129,681	9,536,101	10c 7,916,470
	11 Investments—publicly traded securities	11,647,084	11	13,715,616
	12 Investments—other securities See Part IV, line 11	74,768	12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	11,187,345	15	12,816,704
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,293,838	16	51,523,170	
Liabilities	17 Accounts payable and accrued expenses	12,816,559	17	13,412,721
	18 Grants payable		18	
	19 Deferred revenue	176,360	19	164,275
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,047,220	23	5,107,669
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
26 Total liabilities. Add lines 17 through 25	19,040,139	26	18,684,665	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,253,699	27	32,838,505
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	30,253,699	33	32,838,505	
34 Total liabilities and net assets/fund balances	49,293,838	34	51,523,170	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	80,509,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,730,508
3	Revenue less expenses Subtract line 2 from line 1	3	1,778,647
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,253,699
5	Other changes in net assets or fund balances (explain in Schedule O)	5	806,159
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	32,838,505

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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

a Type I b Type II c Type III - Functionally integrated d Type III - Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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?

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

h Provide the following information about the supported organization(s)

(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	
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
11 Total support (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 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	177,570	242,533	376,345	618,095	370,416	1,784,959
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	41,910,366	68,502,634	89,858,008	82,680,702	79,765,597	362,717,307
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	42,087,936	68,745,167	90,234,353	83,298,797	80,136,013	364,502,266
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						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						364,502,266

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	42,087,936	68,745,167	90,234,353	83,298,797	80,136,013	364,502,266
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	518,839	473,412	458,167	393,815	325,037	2,169,270
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	518,839	473,412	458,167	393,815	325,037	2,169,270
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	166,266	20,005	48,467	61,091	75,363	371,192
13 Total support (Add lines 9, 10c, 11 and 12)	42,773,041	69,238,584	90,740,987	83,753,703	80,536,413	367,042,728
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99.310 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.160 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.590 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.700 %

19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g for balance and expenses.

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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	80,509,155
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	78,730,508
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,778,647
4	Net unrealized gains (losses) on investments	4	806,159
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	806,159
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,584,806

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

1	Total revenue, gains, and other support per audited financial statements	1	81,315,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	806,159
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	806,159
3	Subtract line 2e from line 1	3	80,509,155
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	80,509,155

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

1	Total expenses and losses per audited financial statements	1	78,730,508
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 XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	78,730,508
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	78,730,508

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	SERVICESTOURCE, INC INCOME FROM THE FUND IS USED TO PAY FOR THE DEFINED CONTRIBUTION RETIREMENT PLAN EXPENSES FOR DIRECT 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SERVICESTOURCE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION IS MADE FOR INCOME TAXES IN ADDITION, SERVICESTOURCE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION INCOME, WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES SERVICESTOURCE HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2011 MANAGEMENT EVALUATED SERVICESTOURCE'S TAX POSITIONS AND CONCLUDED THAT SERVICESTOURCE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, SERVICESTOURCE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2008

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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

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

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

- | | |
|---|---|
| <input 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 from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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 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				
(1) JANET SAMUELSON	(i)	160,185	30,071	7,342	0	13,149	210,747	0
	(ii)	86,253	16,192	3,954	0	7,080	113,479	0
(2) DAVID HODGE	(i)	88,235	16,000	1,188	0	3,609	109,032	0
	(ii)	132,352	24,000	1,782	0	5,413	163,547	0
(3) BRUCE PATTERSON	(i)	86,697	15,300	2,631	0	8,367	112,995	0
	(ii)	105,963	18,700	3,217	0	10,227	138,107	0
(4) MARK HALL	(i)	76,404	13,600	383	0	7,983	98,370	0
	(ii)	114,607	20,400	574	0	11,974	147,555	0
(5) LISA WARD	(i)	51,999	10,500	2,046	0	5,697	70,242	0
	(ii)	96,570	19,500	3,801	0	10,581	130,452	0
(6) THOMAS TROESCHEL	(i)	160,425	27,432	6,083	0	11,933	205,873	0
	(ii)	0	0	0	0	0	0	0
(7) BERTHA PARBEY	(i)	89,610	0	2,263	0	8,322	100,195	0
	(ii)	59,740	0	1,508	0	5,548	66,796	0
(8) TOM CHANG	(i)	98,771	12,006	2,613	0	7,366	120,756	0
	(ii)	65,847	8,004	1,742	0	4,911	80,504	0
(9) LARRY CRABTREE	(i)	54,812	8,284	487	0	7,191	70,774	0
	(ii)	82,218	12,426	730	0	10,786	106,160	0
(10) KENNETH J CRUM	(i)	117,203	16,338	2,117	0	17,350	153,008	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

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 PRIOR TO FILING, IF DEEMED NECESSARY.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IT IS THE POLICY OF SERVICESOURCE 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.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	SERVICESOURCE 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 CONDUCTED AN EXECUTIVE PAY SURVEY THROUGH AN OUTSIDE CONSULTANT IN APRIL 2010 AND CONSISTENTLY WILL CONDUCT THE SALARY STUDY EVERY TWO YEARS WITH THE NEXT STUDY DUE IN FEBRUARY 2012

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 806,159

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	SS ES ABF HFI SSES OCI CFS JANET SAMUELSON 26 2 5 1 2 2 2 DAVID HODGE 16 6 6 2 2 6 2 MARK HALL 16 8 6 2 4 4 0 BRUCE PATTERSON 18 6 5 1 2 4 4 GUY KLENKE 0 0 31 9 0 0 0 THOMAS TROESCHEL 40 0 0 0 0 0 0 BERTHA PARBEY 24 4 3 1 4 2 2 LISA WARD 14 6 6 2 4 6 2 THOMAS CHANG 24 4 3 1 2 4 2 LARRY CRABTREE 16 6 2 0 10 6 0 JEFF RING 18 8 3 1 8 2 0 MABELENE AYCOCK 40 0 0 0 0 0 0 LISA LONG 16 6 5 1 6 4 2

Identifier	Return Reference	Explanation
	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

2010

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
(1) SERVICESOURCE ENTERPRISES LLC 6295 EDSALL ROAD ALEXANDRIA, VA 22312 20-5683792	FOOD SERVICES CONTRACT	VA	0	0	SERVICESOURCE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(k) Percentage ownership
							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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o		No
1p		No
1q		No
1r		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	(d) Method of determining amount involved
(1) SERVICESOURCE FOUNDATION INC	C	153,000	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART II	<p>THE SERVICESOURCE VIRGINIA OFFICE FOR EMPLOYMENT AND REHABILITATION IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS THE FIVE REGIONAL OFFICES REMAIN SEPARATE LEGAL ENTITIES BUT ARE COMMONLY BRANDED AS "SERVICESOURCE " GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS ALL REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS IN ADDITION TO THE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION, OTHER OFFICES INCLUDE THE FLORIDA REGIONAL OFFICE LOCATED IN CLEARWATER, FLORIDA , THE VIRGINIA REGIONAL OFFICE FOR HABILITATION SERVICES IN SPRINGFIELD, VIRGINIA , THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA , AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN NINE STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY EMPLOYED MORE THAN 1,600 PEOPLE WITH DISABILITIES AND PROVIDED EMPLOYMENT AND OTHER SUPPORT SERVICES TO MORE THAN 13,000 INDIVIDUALS IN FY 2011 THE FIVE REGIONAL OFFICES SHARE A MISSION OF PROVIDING EXCEPTIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES THROUGH INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND SUPPORT SERVICES</p>

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ABILITIES AT BARTONS LANDING INC 2735 WHITNEY ROAD CLEARWATER, FL33760 51-0614539	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
ABILITIES AT BRIARCLIFF INC 2735 WHITNEY ROAD CLEARWATER, FL33760 34-1979530	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
ABILITIES AT CUMBERLAND TOWERS INC 2735 WHITNEY ROAD CLEARWATER, FL33760 26-1686054	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
ABILITIES AT MORNINGSIDE II INC 2735 WHITNEY ROAD CLEARWATER, FL33760 27-3201131	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	

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						Yes	No
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	
ABILITIES INC OF FLORIDA 2735 WHITNEY ROAD CLEARWATER, FL33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
CENTRAL FAIRFAX SERVICES FOUNDATION INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA22151 27-3235569	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 11A, I	CENTRAL FAIRFAX SERVICES INC	Yes	
CENTRAL FAIRFAX SERVICES INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA22151 54-0855731	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 2	SERVICESOURCE INC	Yes	
COMMUNITY THRIFT INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 54-1957154	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
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	SERVICESOURCE INC	Yes	

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						Yes	No
HOMES FOR INDEPENDENCE 2735 WHITNEY ROAD CLEARWATER, FL33760 59-3342379	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 7	SERVICESTRONG INC	Yes	
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	SERVICESTRONG INC	Yes	
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	SERVICESTRONG INC	Yes	
HOMES FOR INDEPENDENCE INC (DELAWARE) 2735 WHITNEY ROAD CLEARWATER, FL33760 27-4867827	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESTRONG INC	Yes	
HOMES FOR INDEPENDENCE INC (VIRGINIA) 2735 WHITNEY ROAD CLEARWATER, FL33760 27-4868301	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESTRONG INC	Yes	
OPPORTUNITY CENTER INC 3030 BOWERS STREET WILMINGTON, DE19802 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESTRONG INC	Yes	
OPPORTUNITY SOCIETY FOUNDATION 3030 BOWERS STREET WILMINGTON, DE19802 20-2588808	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 7	SERVICESTRONG INC	Yes	
SERVICESTRONG EMPLOYMENT SERVICES INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 56-2226062	TO SERVE THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESTRONG INC	Yes	
SERVICESTRONG FOUNDATION INC 6295 EDSALL ROAD STE 175 ALEXANDRIA, VA22312 20-1438270	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESTRONG INC	Yes	