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Form **990**

CEMPULE URL 19 2014

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter Social Sécurity numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.us.gov/form990.

tax year beginning JUN 1, 2014 and ending JUN 30, 2014 Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning JUN 1, 2014 and ending	JUN 30, 2014			
В	heck if pplicable	C Name of organization	D Employer identifi	cation number		
	Addres					
	Name change		23-1	523064		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su				
<u> </u>	Termin ated Amend	1007 NORTH FRONT STREET		236-3610		
<u> </u>	return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,670,367.		
L_	tion pendin	HARRISBURG, PA 17110	H(a) Is this a group r			
		F Name and address of principal officer: VINCENT LOOSE SAME AS C ABOVE	for subordinates H(b) Are all subordinates in			
				l list. (see instructions)		
		E: NWW.UNIQUESOURCE.COM	H(c) Group exemption	` '		
				M State of legal domicile: PA		
	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities TO SECURI	EMPLOYMENT	FOR		
Governance		INDIVIDUALS WITH DISABILITIES				
Ē	2	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net as			
8	3	Number of voting members of the governing body (Part VI, line 1a)	— 7 <u>(2)</u>	22		
<u>ග</u> ජ	4	Number of independent voting members of the governing body (Rart VI, line 1b)	65 4	22		
98	5	Fotal number of individuals employed in calendar year 2013 (Part 🔀 line 2a)) V 🤌 🔆 💯	1 101	53		
Activities &	6	Total number of volunteers (estimate if necessary)		27		
Şc	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	ያች	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34 L	7b	 		
		Contributions and seasts (Cont.) (III. Inc. 4h)	Prior Year 0.	Current Year 0.		
음	8	Contributions and grants (Part VIII, line 1h)	19,209,650.	1,665,249.		
Revenue	9	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-151,147.	572.		
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,280,186.	-275,229.		
	ľ	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,778,317.	1,390,592.		
	1 —	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
s	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,394,652.	260,331.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
<u> </u>	ь	Fotal fundraising expenses (Part IX, column (D), line 25)				
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,685,154.	1,167,491.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,079,806.	1,427,822.		
		Revenue less expenses. Subtract line 18 from line 12	-301,489.	-37,230.		
S OF			Beginning of Current Year	End of Year		
Assets Paland	20	Total assets (Part X, line 16)	11,646,051. 1,177,716.	11,561,946. 1,129,972.		
Net A	3	Total liabilities (Part X, line 26)	10,468,335.			
_	<u> 22</u> art	Net assets or fund balances. Subtract line 21 from line 20	10,400,333.	1 10,431,374.		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to the hest of m	v knowledge and belief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.		y knowledge and bellet, it is		
840	, 001100	Wrote M. A orse	11/12/	14		
Sig	n	Signature of officer	Date			
Her		VINCENT LOOSE, PRESIDENT / CEO				
,	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature .	Date Check	PTIN		
Paid	d İ	DAVID MANBECK And	11/11/14 if self-emplo	P00773661		
Pre	parer	Firm's name BOYER & RITTER	Fırm's EIN ▶	23-1311005		
Use	Only	Firm's address 211 HOUSE AVENUE				
		CAMP HILL, PA 17011	Phone no. 71	7-761-7210		
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Form **990** (2013)

	n 990 (2013) UNIQUESOURCE PRODUCTS & SERVICES	23-1523064	Page 2
<u> Pa</u>	Titilli Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		<u> </u>
•	TO SECURE EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES,	MYDALL	
	PRODUCTS AND SERVICES THEY PROVIDE THROUGH MEMBER AGENCI		
	PROMOTE THE GENERAL WELL BEING OF PERSONS WITH DISABILIT	TES.	
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	X 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	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	massured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	= -	
		rs, trie total expenses, al	na
	revenue, if any, for each program service reported.	1 305	720
4a	(Code) (Expenses \$1, 122, 303. including grants of \$) (Rever		<u>/38.</u>)
	UNIQUESOURCE MARKETS PRODUCTS AND SERVICES PERFORMED BY		
	DISABLED EMPLOYEES OF MEMBER WORK CENTERS WITHIN THE COM		
	PA. THE COMMONWEALTH OF PA PURCHASES 99.5% OF THE PRODU		
	SERVICES SOLD BY THE ORGANIZATION. THE LARGEST CONTRACT	' IS A PHOTO	
	LICENSE CONTRACT WITH THE PA DEPARTMENT OF TRANSPORTATIO	N	
			
		<u> · </u>	
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
			· ·
		· · · · · · · · · · · · · · · · · · ·	
			
4c	(Code) (Expenses \$ including grants of \$) (Reven		1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			
		 	
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 1,122,303.		
		Form 9	90 (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
4	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	\vdash	
f	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 '''	<u> </u>	
128		12a	1	х
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
14a	Did the organization maintain an office, employees, or agents outside of the office States. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	 	
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1	l	
		14b		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	 	
15		15	ŀ	х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	H-5		
16		46		х
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	^
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
		rom	- JJU	ZU 131

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	ļ	<u> </u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	any tax-exempt bonds?	24c		-
a a	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	٥		x
_	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	
ь				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete	25b		x
26	Schedule L, Part I	200	_	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)		İ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ł		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
	Part V. line 1	34	l	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 -	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			 -
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			T
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

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Form 990 (2013) UNIQUESOURCE PRODUCTS & SERVICES
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	· · · · · · · · · · · · · · · · · · ·	6-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	QD.		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	l		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺ		
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l	İ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	\vdash	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	l		l
_	Enter the amount of reserves on hand	İ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 -
	11 100, The time 2 10 m 120 to report those payments. If Tyo, provide an explanation in Scriedle O		000	(2012)

Form 990 (2013) UNIQUESOURCE PRODUCTS & SERVICES 23-1523064 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 8b below 8b below 8b below 8b below 8b below 8b below 8b below 8b below 8b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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 22										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 22										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
	6 Did the organization have members or stockholders?										
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	х								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 30									
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>									
	This Section B requests information about policies not required by the internal nevertibe code.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120									
·	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ									
_	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		 -							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
.00	taxable entity during the year?	16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure			<u> </u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	/aılable	—— •								
.0	for public inspection. Indicate how you made these available. Check all that apply.		-								
	Own website Another's website X Upon request Other (explain in Schedule O)										
19											
.5	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on: 🕨									
20	CHIEF FINANCIAL OFFICER - 717-236-3610										
	1007 NORTH FRONT STREET, HARRISBURG, PA 17110-0865										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average Position		ne	Reportable	Reportable	Estimated				
	hours per		box, unless person is both ar officer and a director/trustee					compensation	compensation	amount of
	week (list any	\vdash						from the	from related	other compensation
	hours for	ndividual trustee or director				L.		organization	organizations (W-2/1099-MISC)	from the
	related	50 ea	stee			ışat		(W-2/1099-MISC)	(** 2 *********************************	organization
	organizations	trust	al tru		оуве	ompe		`		and related
	below	Mdual	nstitutional trustee	Ser .	Кеу етрюуве	Highest compensated employee	Je.			organizations
	line)	횰	lust	Officer	Key	E E	Former			
(1) JOANNA GRECO	2.00									_
DIRECTOR		х	Ш			L		0.	0.	0.
(2) ROBERT AMES	2.00									
TREASURER		Х	Щ	X				0.	0.	0.
(3) JOHN CONNOLLY	2.00	1								
1ST VICE CHAIR		X		X		L.,		0.	0.	0.
(4) BARRY BUSSELL	2.00									
2ND VICE CHAIR		X		X		_		0.	0.	0.
(5) JAMES BENNETT	2.00	1							_	
DIRECTOR		X				lacksquare		0.	0.	0.
(6) LAWRENCE HELKOWSKI	2.00	1								
DIRECTOR		X			L	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0.
(7) JONATHAN FISTER	2.00	1			l					
DIRECTOR		X			L			0.	0.	0.
(8) ERIKA ARBOGAST	2.00							_	_	_
DIRECTOR		X			$ldsymbol{ldsymbol{ldsymbol{eta}}}$	L		0.	0.	0.
(9) DANETTE BLANK	2.00	ļ				1			_	_
SECRETARY		X		X		辶		0.	0.	0.
(10) ROY CIGOLA	2.00									_
DIRECTOR		x			<u> </u>	<u> </u>		0.	0.	0.
(11) RICHARD BOSSERMAN	2.00	ļ								
DIRECTOR		X			_	L		0.	0.	0.
(12) PAUL CAUSGROVE	2.00	↓								
DIRECTOR		X		<u> </u>	<u> </u>	_		0.	0.	0.
(13) JOSEPH PIERANGELI	2.00	┨				1				
CHAIRMAN OF THE BOARD		X	⊢	X	<u> </u>	<u> </u>		0.	0.	0.
(14) SCOTT CAMPBELL	2.00	┨		۱			İ			
PAST CHAIRMAN OF THE BOARD		X	\vdash	X	<u> </u>	├-	<u> </u>	0.	0.	0.
(15) WILLIAM RHINESMITH	2.00	٠.,		l					_	_
DIRECTOR		X	\vdash	<u> </u>	<u> </u>	├	_	0.	0.	0.
(16) LAURA PRINCIOTTA	2.00	↓	1						_	_
DIRECTOR		X	\vdash	\vdash	\vdash	\vdash	\vdash	0.	0.	0.
(17) STEVE PETERSON	2.00	۱.,			l				_	_
DIRECTOR	1	X			I			0.	0.	0.

Form 990 (2013) UNIQUESO				_	_			***	23-15	23	064	Pa	ge E
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees,	and	<u> Hi</u>	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is boti	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imated ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	,	comp fro orga and	ensation the inization relate	on d
(18) DENNIS STEINER DIRECTOR	2.00	x						0.		0.			0.
(19) WILLA ADAMS	2.00									\neg			
DIRECTOR		X						0.		0.			0.
(20) ALLEN CONNELY	2.00												
DIRECTOR		X						0.		0.			0.
(21) JENNIFER BINDERNAGEL DIRECTOR	2.00	x						0.		0.			0.
(22) REBECCA SHANER	2.00	^	╁	\vdash		\vdash	┢	1		- 			<u> </u>
DIRECTOR		x	<u> </u>				L	0.		0.			0.
(23) ROBERT GARRETT	2.00	┨											_
DIRECTOR	1 25 22	X	<u> </u>	_	<u> </u>	<u> </u>	┞	0.		0.			0.
(24) VINCENT LOOSE	35.00	-								ا ۲			_
PRESIDENT & CEO	35 00	┝	┢	Х	H	┢	H	0.		0.			0.
(25) PERRY SNYDER CFO	35.00	$\frac{1}{2}$		x				0.		0.			0.
	<u></u>												
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				^
compensation from the organization										—		Yes	0 No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	ſ		163	NO
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	•		•					•	he organization				
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual		ļ	4	_	X
5 Did any person listed on line 1a receive or	accrue comper	nsatı	on fi	rom	any	unre	elate	ed organization or individ	dual for services	ļ			
rendered to the organization? If "Yes." cor	nplete Schedul	e J f	or si	ıch ı	oers	on					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated inc	iepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m .	
the organization. Report compensation for	the calendar ye	ear e	endır	ng w	rth c	or wi	thın	the organization's tax y	ear.				
(A) Name and busines:	s address	N	INC	₹				(B) Description of s	ervices	С	(C) ompen		
								· · · · · · · · · · · · · · · · · · ·					
	 												
												_	
	,			-					<u> </u>				
							\dashv			_			

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

0

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
23 99	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
호열	-	Fundraising events	1c					
₽₹	ď	Related organizations	1d					
ᅙ眉		Government grants (contributi						
Sia	4	All other contributions, gifts, grant	· —					
ફ	'	similar amounts not included abov						
흥청	_		` `					
盲	9	Noncash contributions included in lines	1a-1f \$					
Od	n	Total. Add lines 1a-1f		Business Code				
	_	PHOTO LICENSE SALES		541519	1,665,249.	1,665,249.		
<u>.</u>	2 a			341313	1,003,245.		·	
§ 9	b							
n S	С							
<u>B</u> a	d							
Program Service Revenue	е					-		
۵ ا		All other program service reve	nue	<u> </u>	1 665 249			· ·
		Total. Add lines 2a-2f			1,665,249.			
1	3	Investment income (including	dividends, intere	est, and	572.			572.
		other similar amounts)			372.			372.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a		6,750.					
	b	•	2,468.					
	C	· ·	4,282.		4 000			4,282.
		Net rental income or (loss)		<u> </u>	4,282.			4,202.
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
i		assets other than inventory						
	t	Less cost or other basis				ĺ		
		and sales expenses						
		: Gain or (loss)		L				-
		Net gain or (loss)		_	. <u>-</u> -	<u></u>	···	
او	8 a	Gross income from fundraising						
evenue		including \$		1				
ا ۾		contributions reported on line	1c). See					
Other Re		Part IV, line 18	а					
뒭		Less direct expenses	b	L				
		Net income or (loss) from fund	=					-
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
		Less direct expenses	b	·L				<u> </u>
		Net income or (loss) from gam	_					 -
	10 a	Gross sales of inventory, less		2 207 706			i	
		and allowances	a					
		Less cost of goods sold	t	3,277,307.	070 544	070 511		
		Net income or (loss) from sale		<u> </u>	-279,511.	-279,511.		
		Miscellaneous Revenu	<u></u>	Business Code				-
	11 a	·						
	ŧ	·					<u> </u>	
	•	•						
		d All other revenue				 		
	•	Total. Add lines 11a-11d		•	4 550 500	1 205 222		4 054
	12	Total revenue. See instructions.		>	1,390,592.	1,385,738.	0	. 4,854.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States, See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 54,324. 40,743. 13,581. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 78,764. 129,683. 50,919. Other salaries and wages Pension plan accruals and contributions (include 14,968. 10,048. 4,920. section 401(k) and 403(b) employer contributions) 47,131. 33,441. 13,690. Other employee benefits 14,225. 9,093. 5,132. Payroll taxes 10 Fees for services (non-employees) Management Legal Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 72,355. 11,741. 60,614. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 18,370. 15,115. 3,255. Office expenses 13 14 Information technology 15 Royalties 478,189. 474,716. 3,473. 16 Occupancy 24,494. 23,293. 1,201. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 115,214. 115,214 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 14,026. 4,080. 9,946. Depreciation, depletion, and amortization 22 2,269. 4,621. 6,890. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 271,773. 271,773. REMODEL **JANITORIAL** 59,019. 59,019. $3,\overline{310}$ c BUILDING REPAIRS 29,798. 26,488. Ō. 23,983. 23,983. d SECURITY 37,737. 53,380. 15,643. All other expenses 1,427,822. 1,122,303. 305,519. 0. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here rf following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 200. 200. 1 Cash - non-interest-bearing 2,549,653. 1,680,204. 2 2 Savings and temporary cash investments 7,791,839. 8,226,046. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr). Complete Part II of Sch L Notes and loans receivable, net 7 99,575. 8 425,895. Inventories for sale or use 8 45,016. 45,106. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 2,207,276. basis. Complete Part VI of Schedule D 10a 1,088,461. 1,094,957. 1,118,815. 10c 10b **b** Less accumulated depreciation 64,811. 65,680. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 11,646,051. 11,561,946. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,177,716. 1,129,972. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,177,716. 1,129,972.26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 10,427,254. 10,463,615. 27 Unrestricted net assets 27 4,720. 4,720. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 10,468,335. 10,431,974. 33 33 Total net assets or fund balances 11,646,051. 11,561,946. Total liabilities and net assets/fund balances

Form	990 (2013) UNIQUESOURCE PRODUCTS & SERVICES	23-	-1523	064	Pa	ige 12	
Pa	rt XI Reconciliation of Net Assets		_	-			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 39			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,42			
3	Revenue less expenses. Subtract line 2 from line 1	3		-37,23			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,46	35.		
5	Net unrealized gains (losses) on investments	5			8	69.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	10	,43	1,9	<u>74.</u>	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				ļ!	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				l	
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis					<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?			_2b	Х	↓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				J J	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	₩,	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	irt			↓	
	Act and OMB Circular A-133?			3a	X	├	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	ıt				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X		
				Form	990	(2013)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of t	ne of the organization Employer identification number											
		UNIQUES	OURCE PRODUC	TS & S	SERVIC	ES			2	3-1523	064	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part.) See ınstı	ructions.				
The organ			pecause it is (For lines 1									
1 🗂		•	s, or association of churc	-		· · · · · · · · · · · · · · · · · ·						
2 🗔	•		O(b)(1)(A)(ii). (Attach Sc									
3			al service organization d	•	n section	170(b)(1)(AXiii).					
4			perated in conjunction v					(b)(1)(A)(iii	i), Enter i	the hospital	s nam	e,
·	city, and stat							· A A A	•	•		-
5	•		penefit of a college or un	iversity ow	ned or op	erated by a	agovernm	ental unit	describe	ed in		
•	-	(b)(1)(A)(iv). (Comple				,	- 3					
6			ent or governmental unit	described	ın sectio	n 170(b)(1	VAVV).					
7 🗔		_	eives a substantial part o					from the	general p	oublic descri	bed ın	
•	_	b)(1)(A)(vi). (Comple			•	,			J			
8	,		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives (1) more than 33 1			m contrib	utions. me	embership	fees. and	d aross rece	ipts fro	om
• 🚐	•	•	ictions - subject to certai									
			xable income (less secti									
		509(a)(2). (Complete			,		. ,	J				
10			erated exclusively to tes	st for public	safety S	ee sectio	n 509(a)(4	i).				
11			erated exclusively for th						out the	purposes of	one o	r
			tions described in section									
			organization and comple					-				
	a Type			ype III - Fur			d	і 🔲 Тур	e III - Noi	n-functional	y ınteg	rated
е 🔲	By checking	this box, I certify that	t the organization is not	controlled	directly or	indirectly	by one or	more disq	ualified p	persons othe	r than	
		•	nan one or more publicly									
f		-	ten determination from t									
	supporting o	rganization, check th	is box									
g	Since Augus	t 17, 2006, has the o	rganization accepted an	y gift or co	ntribution	from any o	of the follo	wing pers	ons?			
			rectly controls, either ale								Yes	No
	the gov	erning body of the su	pported organization?							11g(i)		<u> </u>
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	r (iı) above	?					11g(iii)	<u> </u>	
h	Provide the f	ollowing information	about the supported org	ganızatıon(s)							
				_								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio		(vii) Amount	of mor	netary
	anization	, ,	(described on lines 1-9		sted in your	organızat (i) of your		(i) organiz	ed in the	sup	port	
			above or IRC section (see instructions))	governing		· · · · ·		U.S	_			
			(000 1110010110110))	Yes	No	Yes	No	Yes	No			
			1									
				ļ.		<u></u>						
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				<u> </u>	<u> </u>				ļ			
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		ļ <u>.</u>	<u> </u>	┼		 	-	 	 		_	

Schedule A (Form 990 or 990-EZ) 2013 UNIQUESOURCE PRODUCTS & SERVICES 23-1523064 Page 2

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ľ			
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		ŀ				
	furnished by a governmental unit to			Ì			
	the organization without charge		ļ				ļ
4	Total. Add lines 1 through 3						ļ
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				1	1	
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						<u> </u>
Sec	ction B. Total Support	· r····					,
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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				<u> </u>		
9	Net income from unrelated business		ŀ				
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			İ			
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		<u> </u>	<u>.</u>		ļ	<u>i </u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	p here ic Support Per	centage			.	>
14	Public support percentage for 2013 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶□
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation	-		. ▶□
17a	10% -facts-and-circumstances test	: - 2013. If the org	janization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop	here. Explain in Pa	irt IV how the orga	nızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		▶□
b	10% -facts-and-circumstances test	: - 2012. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explai	n in Part IV how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	nızatıon	. ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	ınd see instruction	s > 🗆
					Sch	edule A (Form 99	or 990-EZ) 2013

(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).

	Sec	ction A. Public Support	v, piease comp	nete i art ii.j					
Section B. Color Support Section B.	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
Scross receipts from admissions, merchandse sold or services performed, or facilities to the organization's brevenity purpose 3 Giross receipts from activities that are not an unrelated radio or business under section 513 1 Tax revenues level for the organization's brenift and either paid to or expended on its behalf is a power in the section 513 1 The value of services or facilities firminable by a povernmental unit to the organization's brenift and either paid to or expended on its behalf is firmed by a povernmental unit to the organization without charge 1 Total. Add lines 1 through 5 1 A mounts included on lines 1 through 5 1 A mounts included on lines 1 through 5 1 A mounts included on lines 1 through 5 2 A mounts included on lines 1 through 5 2 A mounts included on lines 1 through 5 2 A mounts included on lines 1 through 5 2 A mounts from disqualified passers by a second by greater of \$5,000 ** The organization of the break exceed by greater of \$5,000 ** The organization of the break exceed by greater of \$5,000 ** The organization of the break exceed by greater of \$5,000 ** The organization of the organization organizati	1	Gifts, grants, contributions, and							
2 Gross receipts from admissions, merchandless sold or services performed, or facilities furnished in any activity that is related to the organization's but seement plurpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues lewed 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'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'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'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's benefit and either paid to or expended on its behalf 5 The value of miscal department of the services or a service or services and the services of the services or a service or to the services or a service or to the services or a service or to the services or a service or to the services or a services or to the services or a services or to the services or a service or to the services or to the servi		membership fees received (Do not							
April Apri		include any "unusual grants.")	5,000.					5,000.	
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ŀ								
	_								
	20						-	▶□	

Part IV Supplemental Information. 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).
SCH A, PART III
ben A, TAKI III
EXPLANATION: THE ORGANIZATION CHANGED ITS TAX AND FINANCIAL STATEMENT YEAR
END FROM MAY 31 TO JUNE 30. THIS RETURN IS THE ONE MONTH SHORT PERIOD
RETURN CREATED BY THAT CHANGE AND THE REVENUE FOR THE SHORT PERIOD IS
LISTED IN COL. E OF PART III. THE FOUR PRIOR TAX YEARS, ENDED MAY 31,
2011, MAY 31, 2012, MAY 31, 2013 AND MAY 31, 2014 ARE SHOWN IN COLUMNS A
THROUGH D.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

• 9	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III.	•		
	ne of organization	ione complete i all'im		Empl	oyer identification number
	UNIOUES	OURCE PRODUCTS &	SERVICES		23-1523064
Pa	rt I-A Complete if the org	anization is exempt unde	r section 501(c)	or is a section 527 or	janization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	l campaign activities ii		
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax			▶\$	
	Enter the amount of any excise tax	• •			
	If the organization incurred a section				Yes No
	Was a correction made?	,	•		Yes No
	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt unde	r section 501(c),	except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt funct	tion activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities				
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here ar	d on Form 1120-POL,		
	line 17b	-		▶ \$	
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and en		•	•	
	made payments. For each organiza contributions received that were pro-	tion listed, enter the amount paid	from the filing organiz	zation's funds. Also enter the	e amount of political
	political action committee (PAC). If				s segregated fulld of a
		· · · · · · · · · · · · · · · · · · ·			(e) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
			-	_	

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013 Part II-A Complete if the org	UNIQUESOURC	E PRODUCTS	& SERVICES		1523064 Page 2
(election under sec		iipt ulidel section	1 30 Hoyo, and the		
		liated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying	•		•	
		nd "limited control" pro	ovisions apply.		
	its on Lobbying Expe	nditures ints paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)			<u> </u>
b Total lobbying expenditures to infli		,		-	
c Total lobbying expenditures (add li	<u> </u>	.y (aoct .ooo)g,		<u> </u>	
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure)			
f Lobbying nontaxable amount Ente	•	•	h columns.		
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	nter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	zations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))	l		<u> </u>		
f Grassroots lobbying expenditures		<u> </u>	<u> </u>	l	<u> </u>

Schedule C (Form 990 or 990-EZ) 2013 UNIQUESOURCE PRODUCTS & SERVICES 23-1523064 Page 3

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

(election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter	į			
	or referendum, through the use of				
а	Volunteers?	_	Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
C	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?	-	X		
е	Publications, or published or broadcast statements?	ļ	X		
f	Grants to other organizations for lobbying purposes?	<u> </u>	X		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>		6	,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		Х		- 000
j	Total Add lines 1c through 1	-	7.	6	,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	n 501(c)(5) or sec	tion	
	501(c)(6).)(D)(C)(o, or sec	don	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Part	III-A, line	: 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
c	Total .		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	o list), Part II	-A, line 2, an	d Part II-B,	line 1.
-	complete this part for any additional information.				
PAL	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
EXI	PLANATION: FEES PAID TO CONSULTANTS FOR DIRECT CONT	ACT WI	гн		
LEC	SISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS OR LEG	GISLAT	IVE BO	DY ON	
BEF	HALF OF THE ORGANIZATION.				
<u></u>		_		•	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INTOURSOURCE PRODUCTS & SERVICES

Inspection Employer identification number 23-1523064

Par	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised ful	nds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	,,,,,,	Yes No
Par		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year >		•
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	rear ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	-	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	rganization's accounting for
	conservation easements.		
Paı	t III Organizations Maintaining Collections of		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 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, 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 tre		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2013 UNIQUES rt III Organizations Maintaining C	OURCE PRODU				r Other			23064	
3	Using the organization's acquisition, accession		_		•				•	
	(check all that apply)									
а	Public exhibition	c	· 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	e	, 🔲	Other	. —					
C	Preservation for future generations									
4	Provide a description of the organization's co			-	-			se in Part	XIII.	
5	During the year, did the organization solicit of		-		· -	er sımılar	assets	_	_	
D-	to be sold to raise funds rather than to be ma								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" to I	Form 990	, Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa									
та	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not a	ncluded	_	٦.,	
	on Form 990, Part X?			-bl				<u> </u>	」Yes	No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able.				l	Amarınt	
_	Paginana balanas						1-		Amount	
6	Beginning balance Additions during the year		-				1c 1d			
u	Distributions during the year		-				1e			
f	Ending balance					•	1f			
2a		orm 990 Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIII.			n has been	provided in F	Part XIII			_ 103	
Pai							0.		-	
		(a) Current year		rior year	(c) Two year			years back	(e) Four ye	ears back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,	1-7	7	1-7		1-1	1	1-1	
b	Contributions									
С	Net investment earnings, gains, and losses							-	-	
d			-							
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment	**	_%							
b	Permanent endowment >	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for th	e organız	ation		
	by								\Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
								7 1	(D D 1	
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book v	/alue
_	Land	Dasis (Hivestr	nem)		(other) 4,467.	l del	preciation	<u>'</u>	121	,467.
1a	• • • •				8,638.			<u> </u>	1,068	
D	Buildings			1,00	0,030.				<u> </u>	, 050.
d	Leasehold improvements Equipment			59	0,827.				590	,827.
e	<u> </u>			+	3,344.	1.0	088,4	61.		,117.
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colun	-		<u> </u>	, -	P	1,118	

Schedule D (Form 990) 2013 UNIQUESOURC	E PRODUCTS &	SERVICES	23-1523064 Page
Part VII Investments - Other Securities.		-	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	 		
(B)	-		
(C) (D)	· · · · · · · · · · · · · · · · · · ·	 	-
(E)	 	· · · · · · · · · · · · · · · · · · ·	-
(F)	 	 	
(G)			
(H)	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X,	, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1)			
(2)			
(3)		<u> </u>	
(4)		 	
(5)		<u> </u>	
(6)		-	·
(7)			
(8)		_	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	-		
Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d. See Form 990. Part X	. line 15.
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>e 15.) </u>		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Form 990,	Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8)

4c

5

1,427,822.

UNIQUESOURCE PRODUCTS & SERVICES 23-1523064 Page 4 Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1,393,929. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Net unrealized gains on investments 2a 2b Donated services and use of facilities Recovenes of prior year grants 2c 869 Other (Describe in Part XIII.) 2d 869. Add lines 2a through 2d 2e 1,393,060. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 468 Other (Describe in Part XIII) 4b <u>-2,468.</u> c Add lines 4a and 4b 4c 390,592. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1

1,430,290. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25 2 Donated services and use of facilities **b** Prior year adjustments 2b **2**c Other losses 2,468 d Other (Describe in Part XIII) 2d 2,468. Add lines 2a through 2d 2e 427,822. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b

4b

c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Other (Describe in Part XIII.)

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 XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB'S INCOME TAX TOPIC OF THE ASC WHICH REQUIRES AN ASSESSMENT OF THE ORGANIZATION'S EXPOSURE TO INCOME TAXES AT THE ENTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND PREVIOUSLY-FILED TAX RETURNS. EXAMPLES OF TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDE CONTINUING QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND CONDUCTING ANY TAXABLE, UNRELATED BUSINESS-INCOME ACTIVITIES. ANY TAX BENEFITS ASSOCIATED WITH UNCERTAIN TAX POSITIONS THAT ARE IN EXCESS OF A REALIZATION THRESHOLD MUST BE RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE FINANCIAL STATEMENTS, INCLUDING ANY ASSOCIATED INTEREST AND PENALTIES. MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS

Schedule D (Form 990) 2013 UNIQUESOURCE PRODUCTS &	SERVICES	23-1523064 Page 5
Part XIII Supplemental Information (continued)		
WILL BE SUSTAINED UPON EXAMINATION, INCLUDIN	IG ANY APPEALS AND	LITIGATION,
AND THEREFORE, IT BELIEVES THE ORGANIZATION	HAS NO EXPOSURE TO	O INCOME
TAXES ARISING FROM UNCERTAIN TAX POSITIONS.	TAX YEARS BEGINN	ING AFTER MAY
31, 2011 ARE OPEN TO EXAMINATION.		
		
PART XI, LINE 2D - OTHER ADJUSTMENTS:	· · · · · · · · · · · · · · · · · · ·	
UNREALIZED G/L ON INVESTMENTS		869.
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
RENT EXPENSES		-2,468.
	-	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENT EXPENSES		2,468.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIQUESOURCE PRODUCTS & SERVICES

Employer identification number 23-1523064

FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: MEMBERS ARE REPRESENTATIVES OF NON-PROFIT CORPORATIONS (MEMBER
AGENCIES) ORGANIZED IN PENNSYLVANIA AND OPERATING COMMUNITY REHABILITATION
CENTERS EMPLOYING DISABLED PERSONS AND ELECTED TO MEMBERSHIP BY THE BOARD.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERS AT THE
ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS SENT TO THE BOARD IN DRAFT FORM FOR THEIR REVIEW
AND COMMENT. AFTER THE BOARD HAS REVIEWED IT THE CFO REVIEWS THE 990 WITH
THE PRESIDENT. THE PRESIDENT SIGNS THE RETURN AND CFO ENSURES IT IS
TIMELY FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: BECAUSE OF THE NATURE OF THE ORGANIZATION, CONFLICT OF
INTEREST IS CONSIDERED WITH EACH CONTRACT AND FINANCIAL TRANSACTION THAT
ARISES FOR PAYMENT OF SERVICES.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE BOARD DETERMINES THE PRESIDENT'S SALARY BASED ON
PERFORMANCE REVIEWS AND OTHER FACTORS. THE PRESIDENT APPROVES THE SALARY
OF THE CFO.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization UNIQUESOURCE PRODUCTS & SERVICES	Employer identification number 23-1523064
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT	S AVAILABLE UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS USED TO SELECT INDEPENDENT AUDITO	RS HAS NOT
CHANGED SINCE THE PRIOR YEAR	
	
	
	

Schedule O (Form 990 or 990-EZ) (2013)

332212 09-04-13