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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 10467 WHITE GRANITE DRIVE City or town, state or province, country, and ZIP or foreign postal code OAKTON, VA 22124	D Employer identification number 54-0901256 E Telephone number (703) 461-6000 G Gross receipts \$ 104,296,659
F Name and address of principal officer JANET SAMUELSON 10467 WHITE GRANITE DRIVE OAKTON, VA 22124		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SERVICESOURCE.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1971 M State of legal domicile VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities 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 2014 (Part V, line 2a)	5		1,343	
6	Total number of volunteers (estimate if necessary)	6		12	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0	
7b	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)	1,002,672		1,201,931	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,537,594		96,089,092	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	312,379		326,427	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,948		399,714	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0		0	
	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)	45,027,580		50,251,173	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	59,242		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 204,273				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,010,004		45,417,690	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	83,096,826		95,668,863	
19 Revenue less expenses Subtract line 18 from line 12	1,917,767		2,348,301		
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)	63,512,128		73,706,946	
	22 Net assets or fund balances Subtract line 21 from line 20	24,418,256		31,810,393	
		39,093,872		41,896,553	

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	2016-02-10 Date			
	DAVID HODGE EXECUTIVE VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG CPA	Preparer's signature YONG ZHANG CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01249785
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325		Phone no (703) 336-6400	
	Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO PROVIDE 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

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

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

4a (Code) (Expenses \$ 90,032,490 including grants of \$) (Revenue \$ 96,089,092)
SEE SCHEDULE O SERVICESOURCE, INC (DBA "SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES") IS A 501(C) (3) NOT-FOR-PROFIT CORPORATION BASED IN OAKTON, VA ESTABLISHED IN 1971, SERVICESOURCE PROVIDES EMPLOYMENT, TRAINING AND OTHER SUPPORT SERVICES TO PEOPLE WITH DISABILITIES, WHILE OFFERING A VALUABLE LABOR FORCE TO LOCAL COMMERCIAL BUSINESSES AND GOVERNMENT AGENCIES IN FY 2015, THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES SERVED MORE THAN 3,000 INDIVIDUALS WITH DISABILITIES, MORE THAN 700 OF WHOM WERE DIRECT EMPLOYEES OF THE ORGANIZATION MORE THAN 170 INDIVIDUALS WITH DISABILITIES RECEIVED PLACEMENT SERVICES TO OBTAIN JOBS WITH OTHER EMPLOYERS PROGRAMS AND SERVICESAFFIRMATIVE EMPLOYMENT OPERATIONSTHE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES HAS CONTRACT OPERATIONS IN VIRGINIA, MARYLAND, COLORADO, MISSOURI AND THE DISTRICT OF COLUMBIA SERVICESOURCE 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 LINES OF BUSINESS INCLUDE MAIL CENTER MANAGEMENT, FOOD SERVICE OPERATIONS, ADMINISTRATIVE SUPPORT, TOTAL FACILITIES MANAGEMENT, LOGISTICS AND BULK MAILING SERVICES THE MAJORITY OF INDIVIDUALS DIRECTLY EMPLOYED BY SERVICESOURCE WORK ON ABILITYONE CONTRACTS SERVICESOURCE ALSO PARTNERS WITH OTHER NON-PROFIT ORGANIZATIONS AND OTHER COMMUNITY ORGANIZATIONS IN PRIME AND SUBCONTRACTOR RELATIONSHIPS TO FACILITATE THE EMPLOYMENT OF HUNDREDS OF ADDITIONAL INDIVIDUALS AND FULFILL ITS MISSION OF PROVIDING VALUED JOBS AND SUPPORT SERVICES TO PEOPLE WITH DISABILITIES OTHER REHABILITATION AND EMPLOYMENT SUPPORTSTHE SERVICESOURCE 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, SUPPORTED EMPLOYMENT AND SPECIALIZED PROGRAMS FOR VETERANS, INDIVIDUALS DIAGNOSED ON THE AUTISM SPECTRUM, AND SENIORS 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 EMPLOYMENT RESOURCES AND COMMUNITY INTEGRATION CENTERS SERVICESOURCE'S INNOVATIVE COMMUNITY RESOURCE AND INTEGRATION CENTERS (ERCICS) OFFER CUSTOMIZED, PERSON-CENTERED PROGRAM OPTIONS THAT MAXIMIZE COMMUNITY INTEGRATION AND PERSONAL CHOICE PARTICIPANTS RECEIVE A MYRIAD OF SOFT SKILLS AND JOB-SPECIFIC SKILLS TRAINING, AS WELL AS SELF-EMPLOYMENT ACTIVITIES, HEALTH AND WELLNESS PROGRAMS AND COMMUNITY VOLUNTEER AND RECREATIONAL ACTIVITIES IN ADDITION, AS PARTICIPANTS ARE READY, SERVICESOURCE PROVIDES ASSISTANCE WITH OBTAINING AND MAINTAINING PAID COMMUNITY EMPLOYMENT 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 SPECIALTY PROGRAMSWARRIOR BRIDGE PROGRAM - SERVICES FOR WOUNDED VETERANSTHE SERVICESOURCE WARRIOR BRIDGE PROGRAM IN VIRGINIA CONTINUED TO EXPAND ITS IMPACT IN FY 2015, PROVIDING A RANGE OF SERVICES TO VETERANS WITH DISABILITIES AND THEIR FAMILIES IN THE NORTHERN VIRGINIA AREA SERVICES INCLUDE DIRECT EMPLOYMENT, CAREER TRAINING AND PLACEMENT, FINANCIAL BARRIER REMOVAL, PEER SUPPORT AND LINKAGES TO OTHER RESOURCES AUTISM SPECTRUM DISORDERS SERVICESOURCE THE SERVICESOURCE VIRGINIA REGIONAL OFFICE OFFERS A SPECIALIZED EMPLOYMENT PROGRAM TO ASSIST INDIVIDUALS WITH AUTISM IN OBTAINING EMPLOYMENT AND INCREASING SELF-SUFFICIENCY THE PROGRAM, SUPPORTED BY FUNDING FROM THE ARLINGTON AND FAIRFAX COMMUNITY DEVELOPMENT FUNDS, IS DESIGNED TO INCREASE THE PARTICIPATION OF INDIVIDUALS WITH AUTISM IN THE LABOR MARKET, WITH A FOCUS ON YOUNG ADULTS TRANSITIONING OUT OF HIGH SCHOOL SERVICES INCLUDE ASSESSMENTS TO EXPLORE INTERESTS AND SKILLS, SOFT SKILLS CLUBS TO ENHANCE COMMUNICATION AND EMPLOYMENT READINESS SKILLS, SHORT TERM EMPLOYMENT OPPORTUNITIES AND INTERNSHIPS, AND JOB DEVELOPMENT AND EMPLOYMENT SUPPORT SERVICES TO OBTAIN AND MAINTAIN PERMANENT PAID EMPLOYMENT SENIOR SERVICESOURCE PROVIDES SERVICES SPECIFICALLY DESIGNED FOR INDIVIDUALS WITH DISABILITIES WHO ARE AGING AND NEED ADDITIONAL SUPPORTS, AS WELL AS INDIVIDUALS WHO ACQUIRE DISABILITIES AS THEY AGE IN FY2015, SERVICESOURCE BEGAN PROVIDING INCLUSION AND COUNSELING SERVICES TO SENIORS PARTICIPATING IN PROGRAMS WITHIN 14 SENIOR CENTERS ACROSS FAIRFAX COUNTY, VIRGINIA

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 90,032,490

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <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? <i>If "Yes," complete Schedule D, Part VI</i> <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? <i>If "Yes," complete Schedule D, Part VII</i> <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? <i>If "Yes," complete Schedule D, Part VIII</i> <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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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		No
	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," 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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed 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 made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 NATE HOOVER VP FINANCE

10467 WHITE GRANITE DRIVE
 OAKTON, VA 22124 (703) 461-6000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		2,214,420	307,687

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**35

	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BRADLEY ARANT BOULT CUMMINGS LLP PO BOX 830709 BIRMINGHAM, AL 35283	LEGAL SERVICES	386,896
THE M GROUP 12353 SUNRISE VALLEY DRIVE RESTON, VA 20191	ARCHITECTURAL SERVICES	371,633
TELCEPT HOLDINGS LLC 5554 PORT ROYAL ROAD SPRINGFIELD, VA 22151	TELEPHONE SYSTEM	154,201
THE SEVERSON GROUP 310 S TWIN OAKS VALLEY RD SUITE 1 SAN MARCOS, CA 92078	FOOD SERVICES	151,853

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**4

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	551,859				
	e	Government grants (contributions) 1e	188,794				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	461,278				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	1,201,931				
Program Service Revenue	2a	CONTRACT OPERATIONS	92,544,300	92,544,300			
	b	REHABILITATION SERVICE	3,544,792	3,544,792			
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	96,089,092				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	351,067			351,067	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	332,580			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	332,580			
	d	Net rental income or (loss)	332,580			332,580	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	6,254,855			
			(ii) Other				
			b Less cost or other basis and sales expenses	6,279,495			
			c Gain or (loss)	-24,640			
	d	Net gain or (loss)	-24,640			-24,640	
	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	67,134			67,134	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		67,134				
12	Total revenue. See Instructions		98,017,164	96,089,092	0	726,141	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,934,220	1,698,005	234,861	1,354
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	35,502,907	31,012,630	4,464,689	25,588
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,116,161	902,416	212,423	1,322
9	Other employee benefits	8,444,181	7,727,108	712,659	4,414
10	Payroll taxes	3,253,704	2,953,165	298,389	2,150
11	Fees for services (non-employees)				
a	Management				
b	Legal	623,277	571,371	51,906	
c	Accounting	90,833	2,193	88,640	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,385,039	27,297,464	87,075	500
12	Advertising and promotion	107,686	27,305	64,788	15,593
13	Office expenses	1,331,975	1,089,944	230,100	11,931
14	Information technology	750,914	165,085	585,829	
15	Royalties				
16	Occupancy	4,099,910	3,829,820	270,090	
17	Travel	711,385	563,244	131,741	16,400
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	232,087	51,522	79,288	101,277
20	Interest	197,025	200,474	-3,449	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	900,457	631,659	268,798	
23	Insurance	476,588	58,409	418,179	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONTRACT/OTHER SUPPLIES	5,258,556	5,253,000	200	5,356
b	CNA FEE	2,917,294	2,917,294		
c	REPAIRS & MAINTENANCE	2,606,695	2,432,325	158,639	15,731
d	OVERHEAD ALLOCATION	-3,011,869		-3,011,869	
e	All other expenses	739,838	648,057	89,124	2,657
25	Total functional expenses. Add lines 1 through 24e	95,668,863	90,032,490	5,432,100	204,273
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	14,143	1	15,856
	2 Savings and temporary cash investments	5,438,256	2	2,084,732
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,545,648	4	19,846,431
	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	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	475,978	8	369,483
	9 Prepaid expenses and deferred charges	982,473	9	1,516,896
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,037,411		
	b Less accumulated depreciation	10b 16,884,024	10,583,932	10c 16,153,387
	11 Investments—publicly traded securities	17,680,090	11	19,280,445
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	14,791,608	15	14,439,716
16 Total assets. Add lines 1 through 15 (must equal line 34)	63,512,128	16	73,706,946	
Liabilities	17 Accounts payable and accrued expenses	13,713,796	17	19,273,660
	18 Grants payable		18	
	19 Deferred revenue	248,993	19	3,563,185
	20 Tax-exempt bond liabilities	8,475,444	20	8,232,123
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	1,864,970	23	589,358
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	115,053	25	152,067
	26 Total liabilities. Add lines 17 through 25	24,418,256	26	31,810,393
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,093,872	27	41,896,553
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	39,093,872	33	41,896,553	
34 Total liabilities and net assets/fund balances	63,512,128	34	73,706,946	

Part 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	98,017,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,668,863
3	Revenue less expenses Subtract line 2 from line 1	3	2,348,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,093,872
5	Net unrealized gains (losses) on investments	5	491,395
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	-37,015
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,896,553

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE S LEE CHAIR	0 40 1 60	X		X				0	0	0
(1) MARILYNN BERSOFF PAST CHAIR	0 40 1 60	X		X				0	0	0
(2) PAUL THIEBERGER VICE CHAIR	0 40 1 60	X		X				0	0	0
(3) JAMES CARROLL TREASURER	0 40 1 60	X		X				0	0	0
(4) JOHN R BRUGGEMAN DIRECTOR	0 40 1 60	X						0	0	0
(5) FRANCIS BURKE DIRECTOR	0 40 1 60	X						0	0	0
(6) CHRISTINE CINTRON DIRECTOR	0 40 1 60	X						0	0	0
(7) VERDIA L HAYWOOD DIRECTOR	0 40 1 60	X						0	0	0
(8) PAUL PLATTNER DIRECTOR	0 40 1 60	X						0	0	0
(9) JULIE RUFENACHT DIRECTOR	0 40 1 60	X						0	0	0
(10) JOSEPH SOROTA DIRECTOR	0 40 1 60	X						0	0	0
(11) PATRICIA WOOLSEY DIRECTOR	0 40 1 60	X						0	0	0
(12) JANET SAMUELSON PRESIDENT & CEO	26 00 14 00			X				252,355	135,884	39,589
(13) DAVID HODGE EXECUTIVE VP & CFO	18 00 22 00			X				149,418	182,622	3,631
(14) BRUCE PATTERSON EXECUTIVE VP & COO	18 00 22 00			X				135,063	165,077	28,831
(15) MARK HALL EXEC VP CORPORATE DEVELOPMENT	20 00 20 00			X				131,606	131,606	31,518
(16) LISA WARD EXEC VP COMMUNITY RELATIONS	20 00 20 00				X			111,034	111,033	30,348
(17) THOMAS TROESCHEL SR VP OF OPERATIONS	40 00				X			236,844	0	23,066
(18) M STEVEN DREW VP OPERATIONS II	40 00				X			220,572	0	12,001
(19) LARRY CRABTREE VP OPERATIONS II	40 00				X			197,054	0	31,123
(20) DONALD PINCUS VP OPERATIONS	40 00				X			199,419	0	4,921
(21) KENNETH J CRUM EXECUTIVE DIRECTOR	24 00 16 00				X			98,282	65,521	26,289
(22) TASHIA MALLETTE VP HUMAN RESOURCES	24 00 16 00					X		100,600	67,066	28,059
(23) LISA LONG VP INFORMATION TECHNOLOGY	20 00 20 00					X		77,807	77,807	13,828
(24) JEFFERY RING VP CONTRACT MANAGEMENT	26 00 14 00					X		102,506	55,196	4,732

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

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.

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First 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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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 <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	370,416	361,361	463,079	1,002,672	1,201,931	3,399,459
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	79,765,597	89,601,080	88,165,299	83,537,594	96,089,092	437,158,662
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	80,136,013	89,962,441	88,628,378	84,540,266	97,291,023	440,558,121
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)						440,558,121

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	80,136,013	89,962,441	88,628,378	84,540,266	97,291,023	440,558,121
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	325,037	272,174	281,980	457,064	683,647	2,019,902
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	325,037	272,174	281,980	457,064	683,647	2,019,902
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,363	157,473	111,202	38,958	67,134	450,130
13 Total support. (Add lines 9, 10c, 11, and 12)	80,536,413	90,392,088	89,021,560	85,036,288	98,041,804	443,028,153
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 2014 (line 8, column (f) divided by line 13, column (f))	15	99.440 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.490 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.460 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.400 %

19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

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

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	OTHER INCOME FROM EXEMPT ACTIVITIES - 2010 AMOUNT \$ 75,363 2011 AMOUNT \$ 157,473 2012 AMOUNT \$ 111,202 2013 AMOUNT \$ 38,958 2014 AMOUNT \$ 67,134

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, a, b regarding reporting requirements and amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,358,456	14,714,040	13,081,079	12,887,723	11,825,558
b Contributions	6,974,748	1,287,251	1,326,289	450,186	500
c Net investment earnings, gains, and losses	1,051,206	2,026,945	940,226	537,282	1,492,691
d Grants or scholarships	90,000	60,000	60,000	60,000	
e Other expenditures for facilities and programs	400,387	584,872	548,646	709,086	409,619
f Administrative expenses	24,989	24,908	24,908	25,026	21,407
g End of year balance	24,869,034	17,358,456	14,714,040	13,081,079	12,887,723

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

- a** Board designated or quasi-endowment 100.000 %
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	Yes

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,962,141		1,962,141
b Buildings		10,581,703	5,749,321	4,832,382
c Leasehold improvements		2,963,369	1,610,077	1,353,292
d Equipment		1,216,171	660,779	555,392
e Other		16,314,027	8,863,847	7,450,180
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,153,387

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	Total revenue, gains, and other support per audited financial statements	1	144,362,486
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	491,395
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	45,853,927
e	Add lines 2a through 2d	2e	46,345,322
3	Subtract line 2e from line 1	3	98,017,164
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	98,017,164

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	Total expenses and losses per audited financial statements	1	143,206,219
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	47,537,356
e	Add lines 2a through 2d	2e	47,537,356
3	Subtract line 2e from line 1	3	95,668,863
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	95,668,863

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	BOARD DESIGNATED AND QUASI-ENDOWMENTS FUNDS CONSIST OF MARKETABLE SECURITIES HELD BY SERVICESOURCE, INC , CENTRAL FAIRFAX SERVICES, INC AND OPPORTUNITY CENTER, INC THE INVESTMENT INCOME FROM THESE FUNDS IS DESIGNATED TO PROVIDE FOR BENEFIT EXPENSES OF DIRECT EMPLOYEES WHO ARE NOT OTHERWISE COVERED BY RETIREMENT PLANS AND OTHER PROGRAMMATIC INITIATIVES OF SERVICESOURCE IN ADDITION, THE BOARD OF TRUSTEES OF SERVICESOURCE FOUNDATION, INC HAS DESIGNATED \$1,750,000 FOR THE DISABILITY RESOURCE CENTER CAPITAL CAMPAIGN
PART X, LINE 2	SOURCESOURCE 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, SERVICESOURCE 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 MANAGEMENT EVALUATED SERVICESOURCE'S TAX POSITIONS AND CONCLUDED THAT SERVICESOURCE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, SERVICESOURCE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	SWAP INTEREST RATE ADJUSTMENT -37,015 COMMUNITY THRIFT REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 327,008 EMPLOYMENT SOURCE REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 15,135,548 SERVICESOURCE FDN REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 1,046,134 OPPORTUNITY CENTER REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 8,440,680 CENTRAL FAIRFAX SERV REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 10,651,457 THE ABILITIES GROUP REVENUE INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 11,339,667 ELIMINATION ENTRIES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS -1,049,552
PART XII, LINE 2D - OTHER ADJUSTMENTS	COMMUNITY THRIFT EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 512,236 EMPLOYMENT SOURCE EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 13,801,706 SERVICESOURCE FDN EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 636,443 OPPORTUNITY CENTER EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 8,863,726 CENTRAL FAIRFAX SERV EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 11,894,099 THE ABILITIES GROUP EXPENSES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS 12,878,698 ELIMINATION ENTRIES INCLUDED IN CONSOLIDATING FINANCIAL STATEMENTS -1,049,552

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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, line 23.**

▶ **Attach to Form 990.**

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

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								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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 of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>	6b	No								
<p>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.</p>	7	No								
<p>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
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Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JANET SAMUELSON, PRESIDENT & CEO	(i)	185,444	40,735	26,176	0	25,733	278,088	0
	(ii)	99,855	21,934	14,095	0	13,856	149,740	0
DAVID HODGE, EXECUTIVE VP & CFO	(i)	112,285	23,400	13,733	0	1,634	151,052	0
	(ii)	137,237	28,600	16,785	0	1,997	184,619	0
BRUCE PATTERSON, EXECUTIVE VP & COO	(i)	101,871	22,050	11,142	0	12,974	148,037	0
	(ii)	124,508	26,950	13,619	0	15,857	180,934	0
MARK HALL, EXEC VP CORPORATE DEVELOPMENT	(i)	100,385	20,000	11,221	0	15,759	147,365	0
	(ii)	100,385	20,000	11,221	0	15,759	147,365	0
LISA WARD, EXEC VP COMMUNITY RELATIONS	(i)	81,900	18,500	10,634	0	15,174	126,208	0
	(ii)	81,899	18,500	10,634	0	15,174	126,207	0
THOMAS TROESCHEL, SR VP OF OPERATIONS	(i)	207,333	0	29,511	0	23,066	259,910	0
	(ii)	0	0	0	0	0	0	0
M STEVEN DREW, VP OPERATIONS II	(i)	180,579	18,627	21,366	0	12,001	232,573	0
	(ii)	0	0	0	0	0	0	0
LARRY CRABTREE, VP OPERATIONS II	(i)	159,026	18,392	19,636	0	31,123	228,177	0
	(ii)	0	0	0	0	0	0	0
DONALD PINCUS, VP OPERATIONS	(i)	164,842	16,789	17,788	0	4,921	204,340	0
	(ii)	0	0	0	0	0	0	0
KENNETH J CRUM, EXECUTIVE DIRECTOR	(i)	80,972	7,492	9,818	0	15,773	114,055	0
	(ii)	53,981	4,994	6,546	0	10,516	76,037	0
TASHIA MALLETTE, VP HUMAN RESOURCES	(i)	82,827	8,700	9,073	0	16,835	117,435	0
	(ii)	55,218	5,800	6,048	0	11,224	78,290	0
LISA LONG, VP INFORMATION TECHNOLOGY	(i)	64,366	6,250	7,191	0	6,914	84,721	0
	(ii)	64,366	6,250	7,191	0	6,914	84,721	0
JEFFERY RING, VP CONTRACT MANAGEMENT	(i)	83,706	8,125	10,675	0	3,076	105,582	0
	(ii)	45,073	4,375	5,748	0	1,656	56,852	0
SCOTT KUEBLER, VP RISK MANAGEMENT	(i)	47,151	5,000	5,312	0	9,072	66,535	0
	(ii)	70,727	7,500	7,968	0	13,607	99,802	0
MABELENE AYCOCK, VP OPERATIONS II	(i)	130,834	0	13,563	0	7,072	151,469	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SERVICESOURCE INC

Employer identification number
54-0901256

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	91-1910090		05-09-2014	8,500,000	FINANCE COSTS OF ACQUISITION AND RENOVATION OF HEADQUARTERS BUILDING		X		X		X

Part II Proceeds

		A	B	C	D				
1	Amount of bonds retired	267,877							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	8,500,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	146,432							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	8,353,568							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	CAPITAL ONE NATIONAL							
c Term of hedge	5 000000000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2014

Open to Public Inspection

Name of the organization
SERVICESOURCE INC

Employer identification number

54-0901256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	<p>BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A DISCLOSURE FORM IDENTIFYING BUSINESS INTERESTS, EMPLOYMENT RELATIONSHIPS AND PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES SERVICESOURCE HAS SPECIFIC BOARD-LEVEL POLICIES REGARDING DISCLOSURE OF CONFLICT OF INTEREST FOR BOARD MEMBERS THE CHAIR OF THE BOARD AND THE CEO REGULARLY REVIEW THE COMPOSITION OF THE BOARD FOR ANY POTENTIAL CONFLICTS OF INTERESTS AND CONSULT WITH LEGAL COUNSEL IF NECESSARY THE BOARD CHAIR MAY ASK THE INVOLVED INDIVIDUAL TO RECUSE THEMSELVES DURING DISCUSSIONS ON ANY MATTER RELATING TO A POTENTIAL CONFLICT OF INTEREST SERVICESOURCE MAINTAINS BUSINESS CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES THAT ALL EMPLOYEES ARE REQUIRED TO FOLLOW ALL KEY EMPLOYEES, INCLUDING OFFICERS, ARE REQUIRED TO PARTICIPATE IN ANNUAL TRAINING ON THE ORGANIZATION'S CODE OF BUSINESS ETHICS, INCLUDING CONFLICTS OF INTEREST</p>
FORM 990, PART VI, SECTION B, LINE 15A	<p>COMPENSATION FOR SERVICESOURCE'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS THIS INDEPENDENT DETERMINATION INCLUDES THE USE OF DATA FOR SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS AND THE COMPENSATION ARRANGEMENT IS DOCUMENTED WHEN DECIDED BY THE BOARD OF DIRECTORS AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTS AN EXECUTIVE SALARY SURVEY ON AN ANNUAL BASIS, WITH THE RESULTS OF THE SURVEY BEING CONSIDERED BY THE BOARD OF DIRECTORS FOR DETERMINATION OF THE CEO'S COMPENSATION COMPENSATION FOR OTHER OFFICERS ARE ALSO DETERMINED BASED ON EXECUTIVE PAY STUDIES AND AN EXECUTIVE SALARY SURVEY CONDUCTED BY A LEADING CONSULTING FIRM THAT ARE CONDUCTED ANNUALLY COMPENSATION FOR OTHER KEY EMPLOYEES AND EXECUTIVES ARE DETERMINED BASED ON EXECUTIVE PAY STUDIES CONDUCTED BY OUTSIDE CONSULTANTS BI-ANNUALLY</p>
FORM 990, PART VI, SECTION C, LINE 19	<p>FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)</p>
FORM 990, PART IX, LINE 11G	<p>OTHER PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 27,297,464 MANAGEMENT AND GENERAL EXPENSES 87,075 FUNDRAISING EXPENSES 500 TOTAL EXPENSES 27,385,039</p>
FORM 990, PART XI, LINE 9	<p>SWAP INTEREST RATE ADJUSTMENT -37,015</p>
FORM 990, PART XII, LINE 2C	<p>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</p>
FORM 990, PART IX	<p>EXPENSES ON PART IX OF THE 990 ARE NET OF ALLOCATIONS OF CORPORATE EXPENSES TO OTHER RELATED ENTITIES</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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 (if applicable) 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 10467 WHITE GRANITE DRIVE OAKTON, VA 22124 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 entity?	
						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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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, or **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related 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		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SERVICESOURCE FOUNDATION INC	C	551,859	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART II	<p>THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR REHABILITATION AND EMPLOYMENT SERVICES IS ONE OF FIVE NOT-FOR-PROFIT 501(C)(3) ORGANIZATIONS THAT ARE SEPARATE LEGAL ENTITIES, BUT GOVERNED BY A COMMON MEMBER VOLUNTEER BOARD OF DIRECTORS AND COMMONLY BRANDED AS "SERVICESOURCE " GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS FOUR 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 SERVICESOURCE IS OPERATIONALLY COMPRISED OF THE VIRGINIA REGIONAL OFFICE BASED IN OAKTON, VIRGINIA, THE FLORIDA REGIONAL OFFICE IN CLEARWATER, FLORIDA, THE NORTH CAROLINA REGIONAL OFFICE IN FAYETTEVILLE, NORTH CAROLINA, AND THE DELAWARE REGIONAL OFFICE IN WILMINGTON, DELAWARE WITH OPERATIONS IN TEN STATES AND THE DISTRICT OF COLUMBIA, SERVICESOURCE COLLECTIVELY SERVES MORE THAN 17,000 INDIVIDUALS WITH DISABILITIES ANNUALLY THROUGH A RANGE OF INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, HABILITATION, HOUSING AND OTHER SUPPORT SERVICES COMMUNITY THRIFT OF MANASSAS THE SERVICESOURCE VIRGINIA REGIONAL OFFICE FOR EMPLOYMENT AND REHABILITATION SERVICES HAS ONE SUBSIDIARY CORPORATION 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 SERVICESOURCE FOUNDATION THE SERVICESOURCE FOUNDATION IS A SEPARATE 501(C)(3) CORPORATION THAT RAISES MONEY TO SUPPORT UNFUNDED OR UNDER-FUNDED PROGRAMS OF SERVICESOURCE IN FY 2015, THE SERVICESOURCE FOUNDATION FUNDED CRITICAL PROGRAMS FOR INDIVIDUALS WITH DISABILITIES AT SERVICESOURCE, INCLUDING FAMILY SUPPORT SERVICES, AUTISM SPECTRUM DISORDER SERVICES, THERAPEUTIC HORSEBACK RIDING AND ART, DANCE AND MUSIC THERAPIES, AND WARRIOR BRIDGE VETERANS' SERVICES THE FOUNDATION ALSO ALLOCATED MONEY RAISED THROUGH A CAPITAL FUNDRAISING CAMPAIGN TO THE PURCHASE AND RENOVATE THE SERVICESOURCE DISABILITY RESOURCE CENTER LOCATED IN OAKTON, VA</p>

Additional Data

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 entity? Yes No	
(1) ABILITIES AT BARTONS LANDING INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0614539	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(1) ABILITIES AT BRIARCLIFF INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 34-1979530	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(2) ABILITIES AT CASABLANCA INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555080	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(3) ABILITIES AT COLLEGE PINES INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849262	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(4) ABILITIES AT CRESTVIEW INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 31-1765941	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(5) ABILITIES AT CRESTVIEW II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 45-4134490	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(6) ABILITIES AT CUMBERLAND TOWERS INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-1686054	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(7) ABILITIES AT EAGLES NEST INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(8) ABILITIES AT ENGLISH PARK INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530355	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(9) ABILITIES AT FOUNTAIN SQUARE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317443	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(10) ABILITIES AT MORNINGSIDE II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-3201131	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(11) ABILITIES AT MORNINGSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317445	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(12) ABILITIES AT PARKLANE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3617978	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(13) ABILITIES AT SAN JUAN II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0491999	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(14) ABILITIES AT SAN JUAN INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 55-0807511	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(15) ABILITIES AT ST ANDREWS COVE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849222	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(16) ABILITIES AT WINDJAMMER I & II INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(17) ABILITIES AT WINDOVER INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555082	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(18) ABILITIES AT WOODSIDE INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352350	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(19) ABILITIES INC OF FLORIDA 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	

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 entity? Yes No	
(21) CENTRAL FAIRFAX SERVICES INC 6860 COMMERCIAL DRIVE SPRINGFIELD, VA 22151 54-0855731	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 2	SERVICESOURCE INC	Yes	
(1) COMMUNITY THRIFT INC 10467 WHITE GRANITE DRIVE OAKTON, VA 22124 54-1957154	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(2) EMPLOYMENT SOURCE INC 600 AMES STREET FAYETTEVILLE, NC 28301 56-2253814	PROVIDE EMPLOYMENT, TRAINING & OTHER SERVICES TO PERSONS WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(3) HOMES FOR INDEPENDENCE 2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3342379	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 7	SERVICESOURCE INC	Yes	
(4) HOMES FOR INDEPENDENCE SPACE COAST INC 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2799386	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(5) HOMES FOR INDEPENDENCE INC (DELAWARE) 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4867827	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(6) HOMES FOR INDEPENDENCE INC (VIRGINIA) 2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4868301	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(7) HOMES FOR INDEPENDENCE INC (NC) 2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2833829	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(8) OPPORTUNITY CENTER INC 3030 BOWERS STREET WILMINGTON, DE 19802 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(9) SERVICESOURCE EMPLOYMENT SERVICES INC 10467 WHITE GRANITE DRIVE OAKTON, VA 22124 56-2226062	TO SERVE THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	
(10) SERVICESOURCE FOUNDATION INC 10467 WHITE GRANITE DRIVE OAKTON, VA 22124 20-1438270	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 9	SERVICESOURCE INC	Yes	