Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
PROFESSIONAL CONTRACT SERVICES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
718 W FM 1626 BLDG 100

City or town, state or province, country, and ZIP or foreign postal code
AUSTIN, TX 78748

D Employer identification number
74-2786094

E Telephone number
(512) 358-8887

G Gross receipts $ 159,257,253

F Name and address of principal officer:
MARK JONES
718 W FM 1626 BLDG 100
AUSTIN, TX 78748

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.PCSI.ORG

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

L Year of formation: 1996

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO CREATE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH EVERY TYPE OF DISABILITY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,019
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	7,000
	9	Program service revenue (Part VIII, line 2g)	133,431,188	141,795,590
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,415,256	1,651,838
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,092	87,540
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	134,925,536	143,541,968
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	697,382	457,467
	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)	83,220,194	86,238,550
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,295,937	49,699,365
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	130,213,513	136,395,382
	19	Revenue less expenses. Subtract line 18 from line 12	4,712,023	7,146,586

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	99,619,205	111,300,324
	21	Total liabilities (Part X, line 26)	12,209,552	14,410,599
	22	Net assets or fund balances. Subtract line 21 from line 20	87,409,653	96,889,725

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

****** | 2020-11-23
Signature of officer | Date

MARK JONES TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-11-16		P00715390

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

Firm's address ▶ 19026 RIDGEWOOD PKWY STE 400
SAN ANTONIO, TX 78259 | Phone no. (210) 828-6281

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

MISSION: TO CREATE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH EVERY TYPE OF DISABILITY.VISION: MEANINGFUL EMPLOYMENT FOR EVERY PERSON WITH A SIGNIFICANT DISABILITY.GUIDING PRINCIPLE: PEOPLE WITH DISABILITIES, GIVEN OPPORTUNITY, TRAINING AND MENTORSHIP, WILL EXCEL IN THE WORK PLACE.TAGLINE: PEOPLE, COMMUNITY, SERVICE AND INTEGRITY

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

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

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

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

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

4a (Code:) (Expenses $ 120,473,345 including grants of $ 457,467) (Revenue $ 141,883,130)

See Additional Data

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

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

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

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

4e **Total program service expenses ▶** 120,473,345

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	127			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,019			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶KYLE SUMNER 718 W FM 1626 BLDG 100 AUSTIN, TX 78748 (512) 358-8887

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

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

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

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

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

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

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

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	**(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
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	4,759,770	0	580,291

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 ▶ 70

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VETPRIDE SERVICES INC PO BOX 368 FAYETTEVILLE, NC 28302	FACILITY MAINTENANCE & FOOD SERVICE	6,656,234
WORK SERVICES CORPORATION 3401 B AMORY ROAD WICHITA FALLS, TX 76302	GROUND MAINTENANCE	1,914,035
COMFORT SOLUTIONS 12307 ROXIE DR STE 219 AUSTIN, TX 78729	FACILITY MAINTENANCE	1,510,211
DIDLAKE INC 8641 BREEDEN AVENUE MANASSAS, VA 20110	CUSTODIAL SERVICES	1,411,710
POWER WASHING EXTREME INC 2215 FRATE BARKER RD AUSTIN, TX 78748	GROUND MAINTENANCE	1,280,530

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 ▶ 47

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	7,000				
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f ▶			7,000			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a GOVERNMENT SERVICE CONTRACT REVEN	624310	141,602,695	141,602,695		
b OTHER PROGRAM SERVICES	624310	192,895	192,895		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		141,795,590			

Other Revenue

			(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,169,713			1,169,713
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents (6a)						
b Less: rental expenses (6b)						
c Rental income or (loss) (6c)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)	16,114,317	83,093				
b Less: cost or other basis and sales expenses (7b)	15,698,048	17,237				
c Gain or (loss) (7c)	416,269	65,856				
d Net gain or (loss) ▶			482,125			482,125
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a PROMPT PAY DISCOUNT	624310	87,540	87,540		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		87,540			
12 **Total revenue.** See instructions ▶		143,541,968	141,883,130	0	1,651,838

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	363,998	363,998		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	93,469	93,469		
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	4,066,968	3,531,853	535,115	
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	59,682,227	51,687,751	7,994,476	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,323,935	3,777,940	545,995	
9 Other employee benefits	13,179,100	11,514,940	1,664,160	
10 Payroll taxes	4,986,320	4,440,759	545,561	
11 Fees for services (non-employees):				
a Management	408,958	11,429	397,529	
b Legal	425,673	11,897	413,776	
c Accounting	179,568	5,019	174,549	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	455,700		455,700	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	30,698,357	29,432,215	1,266,142	
12 Advertising and promotion	238,479	16,795	221,684	
13 Office expenses	420,972	306,414	114,558	
14 Information technology	141,318	108,692	32,626	
15 Royalties				
16 Occupancy	452,421	365,190	87,231	
17 Travel	923,014	572,172	350,842	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,705		18,705	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,211,150	884,448	326,702	
23 Insurance	1,956,781	1,664,561	292,220	
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 PROGRAM SUPPLIES	10,788,210	10,677,917	110,293	
b UNIFORMS/SAFETY	464,511	338,742	125,769	
c SMALL TOOLS AND EQUIPME	447,073	373,599	73,474	
d AUTOMOBILE/REPAIR&MAINT	245,667	187,908	57,759	
e All other expenses	222,808	105,637	117,171	
25 **Total functional expenses.** Add lines 1 through 24e	136,395,382	120,473,345	15,922,037	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			12,106,207	1	10,659,649
	2	Savings and temporary cash investments			5,319,868	2	5,146,767
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,643,262	4	25,272,128
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			720,817	9	734,593
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	13,233,556			
	b	Less: accumulated depreciation	10b	7,956,301	5,117,837	10c	5,277,255
	11	Investments—publicly traded securities			43,124,873	11	48,870,857
	12	Investments—other securities. See Part IV, line 11			12,559,304	12	15,306,157
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			27,037	15	32,918
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			99,619,205	16	111,300,324
Liabilities	17	Accounts payable and accrued expenses			11,964,281	17	13,989,583
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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			245,271	25	421,016
	26	**Total liabilities.** Add lines 17 through 25			12,209,552	26	14,410,599
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			87,409,653	27	96,889,725
	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			87,409,653	32	96,889,725
	33	Total liabilities and net assets/fund balances			99,619,205	33	111,300,324

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,541,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,395,382
3	Revenue less expenses. Subtract line 2 from line 1	3	7,146,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,409,653
5	Net unrealized gains (losses) on investments	5	2,333,486
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,889,725

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 74-2786094
Name: PROFESSIONAL CONTRACT SERVICES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION CONTRACTS WITH STATE AND FEDERAL AGENCIES THROUGH SOURCEAMERICA AND TIBH INDUSTRIES, INC. THE INCOME AND JOBS FROM THESE SOURCES ARE THEN USED TO PROVIDE TRAINING, EDUCATION AND EMPLOYMENT OPPORTUNITIES TO DISABLED INDIVIDUALS.

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SCHUBERT CARROLL PRESIDENT/CEO	40.00 1.00	X		X				533,172	0	30,040
WALKER WILLIAM KEITH ASSIS SEC/VP OPERATIONS, BUS. DEVELOP	40.00			X				315,287	0	28,517
BARBOSA ERIC VP/GENERAL COUNSEL	40.00			X				294,003	0	47,115
CLOUD MICHAEL KEVIN SEC/VP CONTRACTS, IT, QUALITY, SAFETY	40.00			X				283,658	0	29,887
JONES MARK K TREASURER/CFO	40.00 1.00			X				264,094	0	25,818
CLARK BLUE DIRECTOR OF IT	40.00				X			225,697	0	33,881
CANNON CHARLES C SENIOR DIRECTOR OF OPERATIONS	40.00				X			211,297	0	35,674
FERGUSON VANESSA DIRECTOR OF REHABILITATION	40.00				X			215,762	0	26,188
SCHMILLE TERRY DIRECTOR OF OPERATIONS	40.00				X			217,341	0	21,834
GREENE LUCINDA R DIRECTOR OF HUMAN RESOURCES	40.00				X			214,018	0	6,092

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
SUMNER KYLE W CONTROLLER	40.00				X			177,360	0	36,981
HARRISON DAISY DIRECTOR OF OPERATIONS	40.00				X			164,449	0	31,350
THISS WESTON R DIRECTOR OF OPERATIONS	40.00				X			156,237	0	32,411
ANDERSON GARY D SENIOR DIRECTOR BUSINESS DEVELOPMENT	40.00				X			177,787	0	10,495
CURD BARBARA DIRECTOR OF SAFETY & LOSS CONTROL	40.00				X			166,579	0	21,223
TUCKER DENNIS G CORPORATE DIRECTOR OF QUALITY & COMPLIANCE	40.00				X			162,623	0	23,429
COOKE ANDREW S SENIOR CONTRACTS MANAGER	40.00					X		130,214	0	52,437
HINES III NATHAN E SENIOR DIRECTOR BUSINESS DEVELOPMENT	40.00				X			153,958	0	19,261
BANH QUE SR. FIN. ANALYST (UNTIL 02/07/20)	40.00					X		149,902	0	21,939
GASPAR DE ALBA-GOMEZ JACQUELINE PROPOSAL MANAGER	40.00					X		133,270	0	27,794

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
BROCIOUS DALE J PROJECT MANAGER	40.00					X		140,634	0	8,847
BRIDENSTINE MARK PROGRAM MANAGER	40.00					X		126,678	0	9,078
OVELAND GREG A BOARD OF DIRECTOR	3.00	X						33,000	0	0
HILL JAMES TOM BOARD OF DIRECTOR	3.00	X						31,000	0	0
THOMAS ALICIA HILL BOARD OF DIRECTOR	3.00	X						28,000	0	0
LUSK CRAIG BOARD OF DIRECTOR	3.00	X						27,250	0	0
WARD JAMES SKIP BOARD OF DIRECTOR	3.00	X						26,500	0	0

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . .

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990 or 990-EZ) 2019**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .					7,000	7,000
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	119,921,498	124,233,482	126,300,526	133,431,188	141,795,590	645,682,284
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	119,921,498	124,233,482	126,300,526	133,431,188	141,802,590	645,689,284
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.)						645,689,284

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	119,921,498	124,233,482	126,300,526	133,431,188	141,802,590	645,689,284
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	451,165	425,392	630,669	1,026,766	1,169,713	3,703,705
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	451,165	425,392	630,669	1,026,766	1,169,713	3,703,705
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.) . .	293,010	182,957	71,047	79,092	87,540	713,646
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	120,665,673	124,841,831	127,002,242	134,537,046	143,059,843	650,106,635

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**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.320 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.320 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0.570 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.540 %

19a **331/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
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.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
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.*	**2a**		
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.*	**2b**		
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.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 74-2786094
Name: PROFESSIONAL CONTRACT SERVICES INC

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X . . . . ▶ $ ________

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ ....

c Temporarily restricted endowment ▶ ....

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

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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		381,016		381,016
b Buildings		5,048,538	1,651,617	3,396,921
c Leasehold improvements				
d Equipment		6,384,522	4,944,672	1,439,850
e Other		1,419,480	1,360,012	59,468
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,277,255

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	15,306,157	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	15,306,157	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	421,016

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	145,419,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,333,485		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,333,485
3	Subtract line **2e** from line **1**			3	143,086,268
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	455,700		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	455,700
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	143,541,968

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	135,939,682
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	135,939,682
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	455,700		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	455,700
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	136,395,382

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-2786094
Name: PROFESSIONAL CONTRACT SERVICES INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, IF ANY EXIST, UNDER THIS PROVISION. THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY OF INCOME TAXES BASED ON A MORE LIKELY THAN NOT THRESHOLD FOR THE RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS, WHICH INCLUDES THE ACCOUNTING FOR INTEREST AND PENALTIES RELATING TO TAX POSITIONS. THE ORGANIZATION CURRENTLY DOES NOT HAVE ANY TAX POSITIONS THAT IT WOULD CONSIDER UNCERTAIN AT JUNE 30, 2020 AND 2019.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		15,306,157
3a Sub-total	0	0			15,306,157
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			15,306,157

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . ☑ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

Part I **General Information on Grants and Assistance**

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

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 24

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY RELIEF PROGRAM	20	45,570	0	N/A	N/A
(2) EMPLOYEE SCHOLARSHIP PROGRAM	11	45,000	0	N/A	N/A
(3) ASSISTANCE PROGRAM - SUPPORTING EXCELLENCE THROUGH EDUCATION (SEE)	2	2,899	0	N/A	N/A
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANTS TO ORGANZATIONS: *RECORDS: PCSI MAINTAINS DETAILED PAYMENT RECORDS FOR EVERY GRANT. *ELIGIBILITY: GRANTEE ELIGIBILITY IS REVIEWED AND DOCUMENTED FOR EACH GRANT REQUEST; VERIFYING APPROPRIATE IRS CLASSIFICATION, CHARITABLE PURPOSE AND LEVEL OF COMMITMENT TO BEING ACCOUNTABLE AND TRANSPARENT. *SELECTION CRITERIA: PCSI RATES CHARITIES BY EVALUATING THREE AREAS OF PERFORMANCE; THEIR CHARITABLE MISSION, FINANCIAL HEALTH AND THEIR ACCOUNTABILITY AND TRANSPARENCY. THE RATING SYSTEM ASSISTS THE BOARD OF DIRECTORS WITH IDENTIFYING HOW THE CHARITY'S MISSION EMBRACES OR ALIGNS WITH OUR MISSION, HOW EFFICIENTLY WE BELIEVE A CHARITY WILL USE THEIR SUPPORT AND HOW WELL IT SUSTAINS ITS PROGRAMS AND SERVICES OVER TIME. *CHARITABLE MISSION: PCSI IS INTERESTED IN PROVIDING GRANTS AND SUPPORT TO CHARITIES THAT EMBRACE A DESIRE TO LEND ASSISTANCE, EDUCATION, TRAINING AND/OR EMPLOYMENT PLACEMENT TO DISABLED INDIVIDUALS AND OTHERS IN NEED OF ASSISTANCE IN SOCIETY. *FINANCIAL HEALTH: PCSI BASES ITS FINANCIAL HEALTH EVALUATIONS ON THE FINANCIAL INFORMATION EACH CHARITY PROVIDES IN ITS IRS FORM 990. THAT INFORMATION IS THEN USED TO ANALYZE A CHARITY'S FINANCIAL PERFORMANCE IN FIVE KEY AREAS THAT ASSESS ITS FINANCIAL EFFICIENCY AND FINANCIAL CAPACITY. FOUR OF THE FIVE FINANCIAL PERFORMANCE METRICS THAT ARE ANALYZED ARE ABOUT A CHARITY'S FINANCIAL EFFICIENCY: PROGRAM EXPENSES, ADMINISTRATIVE EXPENSES, FUNDRAISING EXPENSES, AND FUNDRAISING EFFICIENCY. THE FIFTH FINANCIAL PERFORMANCE METRIC IS ABOUT A CHARITY'S FINANCIAL CAPACITY; WORKING CAPITAL RATIO. *ACCOUNTABILITY: PCSI DEFINES ACCOUNTABILITY AS AN OBLIGATION OR WILLINGNESS BY A CHARITY TO EXPLAIN ITS ACTIONS TO ITS STAKEHOLDERS AND TRANSPARENCY AS AN OBLIGATION OR WILLINGNESS BY A CHARITY TO PUBLISH AND MAKE AVAILABLE CRITICAL DATA ABOUT THE ORGANIZATION. THERE ARE VARIOUS DATA SOURCES USED WHEN EXAMINING ACCOUNTABILITY AND TRANSPARENCY (EX: INFORMATION FROM THE IRS FORM 990, THE ORGANIZATION'S WEBSITE, AND DIRECT CONTACT WITH THE COMPANY, THE COMPANY'S EMPLOYEES AND/OR DIRECTORS, ETC.). *MONITORING GRANTS: PCSI MONITORS GRANT UTILIZATION IN THE FOLLOWING WAYS: MAINTAINING CONTACT WITH THE DIRECTORS OR MAJOR EVENT COORDINATORS, RESEARCHING EXPENDITURE RESPONSIBILITY, FOLLOW-UP LETTERS AND COMMUNICATION, AND EVENT OR ACTIVITY PARTICIPATION. EMPLOYEE EMERGENCY RELIEF PROGRAM: *CRITERIA: SUPPORTING DOCUMENTATION AND SIGNATURES ARE REQUIRED AND MUST BE SUBMITTED WITH THE APPLICATION (EXAMPLES OF DOCUMENTATION INCLUDE THE FOLLOWING: EVICTION/FORECLOSURE NOTIFICATIONS, PAST DUE UTILITIES, POLICE/FIRE REPORT, INSURANCE CLAIMS, DEATH CERTIFICATE, INVOICE OF FUNERAL EXPENSES, DOCTOR'S NOTE AND OTHER RELATED DOCUMENTATION). SUPPORTING DOCUMENTATION MUST BE ON LETTERHEAD OR STATEMENT OF OWNED PARTY. A VENDOR QUESTIONNAIRE AND W-9 MUST BE COMPLETED BY APPROPRIATE VENDORS PRIOR TO ANY FUNDS BEING PROCESSED. EMPLOYEES MUST HAVE MINIMUM OF 90 DAYS OF SERVICE (FULL-TIME OR PART-TIME) AND IN ACTIVE STATUS AT THE TIME OF THE HARDSHIP. ONLY ONE REQUEST FOR ASSISTANCE PER FAMILY, PER YEAR (ROLLING 12 MONTHS), WILL BE GRANTED IN A 365-DAY PERIOD. EMPLOYEES CANNOT APPLY FOR THE SAME FINANCIAL HARDSHIP MORE THAN ONCE. *FINANCIAL ASSISTANCE: REQUESTS ARE REVIEWED BY THE REVIEW COMMITTEE IN THE MONTH RECEIVED. EMPLOYEES WILL RECEIVE NOTIFICATION IN WRITING EMAIL OR MAIL, WITHIN TWO WEEKS OF RECEIVING ALL REQUIRED DOCUMENTATION. THE MAXIMUM AMOUNT OF ASSISTANCE THE FUND PROVIDES IS UP TO $8,000.00, DEPENDING ON ASSISTANCE NEEDED. ONCE THE REQUEST HAS BEEN APPROVED, THE EMPLOYEE WILL BE NOTIFIED BY PHONE, WITH WRITTEN NOTIFICATION TO FOLLOW. CHECKS WILL BE MADE PAYABLE DIRECTLY TO THE VENDOR ON BEHALF OF THE EMPLOYEE AND WILL BE MAILED DIRECTLY TO THE VENDOR. EVERY ATTEMPT WILL BE MADE TO PROCESS CHECKS AS QUICKLY AS POSSIBLE. THE FUNDS ARE TREATED AS TAXABLE INCOME SUBJECT TO FICA AND FEDERAL WITHHOLDING. *REVIEW COMMITTEE RESPONSIBILITIES: THE PROGRAM ADMINISTRATOR WILL REVIEW APPLICATION SUBMISSIONS TO CONFIRM ELIGIBILITY AND CONFIRM ALL NECESSARY SUPPORTING DOCUMENTATION IS RECEIVED. ALL COMPLETE APPLICATIONS WILL BE SENT TO THE DIRECTOR OF HR AND DIRECTOR OF REHABILITATION FOR REVIEW AND SUPPORTING DOCUMENTATION VERIFICATION. INCOMPLETE REQUESTS WILL NOT BE PROCESSED UNTIL ALL SUPPORTING DOCUMENTATION IS RECEIVED BY THE PROGRAM ADMINISTRATOR. FAILURE TO PROVIDE ADDITIONAL DOCUMENTATION WILL RESULT IN DENIAL AND EMPLOYEE MUST RESUBMIT REQUEST AFTER 6 MONTHS. EMPLOYEE SCHOLARSHIP PROGRAM: THE NEEDS-BASED EDUCATIONAL SCHOLARSHIP IS OPEN TO DEPENDENT CHILDREN OF FULL-TIME PCSI EMPLOYEES WHO HAVE BEEN EMPLOYED WITH PCSI FOR AT LEAST ONE YEAR. APPLICANTS WITH DOCUMENTED DISABILITIES RECEIVE PRIORITY IN SCHOLARSHIP AWARDS. STUDENTS MUST ATTEND AN ACCREDITED TWO-YEAR COLLEGE OR PUBLIC FOUR-YEAR UNIVERSITY. MAXIMUM AWARD AMOUNTS ARE $5000 PER APPLICANT, PER YEAR. THE AMOUNT OF THE AWARD WILL BE DECIDED BY A REVIEW COMMITTEE, BASED ON APPLICATION CRITERIA. ASSISTANCE PROGRAM - SUPPORTING EXCELLENCE THROUGH EDUCATION (SEE): SEE IS COMPRISED OF A TUITION REIMBURSEMENT AND A TUITION ADVANCEMENT COMPONENT. IT IS AVAILABLE TO ELIGIBLE EMPLOYEES WHO CONSISTENTLY WORK 30 HOURS A WEEK. SEE PARTICIPANTS SHALL BE REIMBURSED FOR A CLASS AND RELATED BOOKS FOR WHICH THEY EARNED THE GRADE OF AT LEAST 'C OR THE PROGRAM'S EQUIVALENT. TUITION, FEES, AND BOOKS ASSOCIATED WITH A CLASS/PROGRAM OF STUDY FOR WHICH THE PARTICIPANT DID NOT EARN THE GRADE OF 'C OR EQUIVALENT ARE NOT ELIGIBLE FOR REIMBURSEMENT. ALL REIMBURSEMENTS ARE MADE AFTER THE COMPLETION OF THE COURSE (S), AND ONCE THE SEE EDUCATION REIMBURSEMENT APPLICATION, ALONG WITH AN OFFICIAL CERTIFIED TRANSCRIPT, SHOWING A GRADE OF "C OR BETTER(OR PASS STATUS) AND ITEMIZED RECEIPT(S) ARE SUBMITTED, VERIFIED AND APPROVED.

Additional Data

Software ID:
Software Version:
EIN: 74-2786094
Name: PROFESSIONAL CONTRACT SERVICES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN'S WONDERLAND - FREE TO SOAR GALA 5223 DAVID EDWARDS DRIVE SAN ANTONIO, TX 78233	26-1219640	501(C)(3)	100,000	0	N/A	N/A	SUPPORT PEOPLE WITH SPECIAL NEEDS
SPECIAL OLYMPICS COCA COLA CELEBRITY GOLF CLASSIC PO BOX 131567 HOUSTON, TX 77219	74-1998367	501(C)(3)	25,000	0	N/A	N/A	PROVIDE SPORTS TRAINING FOR PEOPLE WITH SPECIAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS SCHOOL FOR THE DEAF FOUNDATION PO BOX 42727 AUSTIN, TX 787042727	20-1867184	501(C)(3)	20,000	0	N/A	N/A	SUPPORT FOR DEAF CHILDREN
SAMARITAN CENTER FOR COUNSELING 8956 RESEARCH BLVD BLDG 2 AUSTIN, TX 78758	74-1832864	501(C)(3)	17,500	0	N/A	N/A	SUPPORT VETERAN'S QUALITY OF LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL PO BOX 27086 SAN ANTONIO, TX 782270086	74-2095766	501(C)(3)	15,000	0	N/A	N/A	SUPPORT CHILDREN WITH DISABILITIES AND THEIR FAMILIES
MINERAL WELLS CENTER OF LIFE PO BOX 262 MINERAL WELLS, TX 76068	30-0682066	501(C)(3)	15,000	0	N/A	N/A	HELP ALLEVIATE POVERTY AND IMPROVE LIVES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACHING MAXIMUM INDEPENDENCE INC 6336 MONTGOMERY ROAD SAN ANTONIO, TX 78239	74-2243259	501(C)(3)	15,000	0	N/A	N/A	SUPPORT PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
THE RISE SCHOOL OF HOUSTON 5618 H MARK CROSSWELL JR STREET HOUSTON, TX 77021	76-0606866	501(C)(3)	15,000	0	N/A	N/A	PROVIDE EARLY CHILDHOOD EDUCATION SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA 100 NORTH UNIVERSITY DR EDMOND, OK 73034	73-6108032	501(C)(3)	15,000	0	N/A	N/A	SUPPORT PEOPLE WITH SPECIAL NEEDS
IMAGINE A WAY FOUNDATION PO BOX 203203 AUSTIN, TX 787203203	27-2898257	501(C)(3)	10,000	0	N/A	N/A	SUPPORT FAMILIES OF CHILDREN WITH AUTISM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESPITE CARE OF SAN ANTONIO PO BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	10,000	0	N/A	N/A	CARE FOR THE DISABLED
KINETIC KIDS HOOTENANNY GALA PO BOX 690993 SAN ANTONIO, TX 78269	74-3080076	501(C)(3)	10,000	0	N/A	N/A	PROVIDE SPORTS TRAINING FOR PEOPLE WITH SPECIAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-2958552	501(C)(3)	10,000	0	N/A	N/A	SUPPORT PEOPLE WITH SPECIAL NEEDS
SPECIAL OLYMPICS 7715 CHEVY CHASE DRIVE NO 120 AUSTIN, TX 78752	74-1998367	501(C)(3)	7,500	0	N/A	N/A	PROVIDE SPORTS TRAINING FOR PEOPLE WITH SPECIAL NEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWTON VET CENTER 1016 SW C AVENUE SUITE B LAWTON, OK 73501	73-0627284	501(C)(3)	7,000	0	N/A	N/A	SUPPORT VETERAN'S QUALITY OF LIFE
STAR GROUP - VETERANS HELPING VETERANS 1033 S FORT HOOD STE 200-236 KILLEEN, TX 76541	51-0582159	501(C)(3)	5,300	0	N/A	N/A	SUPPORT VETERAN'S QUALITY OF LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FOR ALL FOUNDATION 10500 NW FREEWAY STE 220 HOUSTON, TX 77092	76-0404267	501(C)(3)	5,000	0	N/A	N/A	SUPPORT PEOPLE WITH SPECIAL NEEDS
CARPENTER'S SHELTER INC 930 N HENRY ST ALEXANDRIA, VA 22314	54-1571849	501(C)(3)	5,000	0	N/A	N/A	TO END HOMELESSNESS THROUGH SERVICES, EDUCATION, AND ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE PO BOX 457 LIBERTY HILL, TX 78642	74-1551417	501(C)(3)	5,000	0	N/A	N/A	PROVIDE LONG-TERM CARE FOR DISABLED PEOPLE
SPECIAL REACH PO BOX 690215 SAN ANTONIO, TX 78269	45-1678380	501(C)(3)	5,000	0	N/A	N/A	SUPPORT CHILDREN WITH SPECIAL NEEDS AND THEIR FAMILIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TADSAW 13423 BLANCO ROAD SUITE 218 SAN ANTONIO, TX 78216	45-4556055	501(C)(3)	5,000	0	N/A	N/A	SUPPORT VETERAN'S QUALITY OF LIFE
AUTISM SPEAKS 33200 DEQUINDRE ROAD SUITE 201 STERLING HEIGHTS, MI 48310	20-2329938	501(C)(3)	5,000	0	N/A	N/A	SUPPORT PEOPLE WITH AUTISM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEDALE RIDE PO BOX 301746 AUSTIN, TX 78703	74-2898438	501(C)(3)	5,000	0	N/A	N/A	SUPPORT STUDENTS WITH SPECIAL NEEDS
MARBRIDGE FOUNDATION PO BOX 2250 MANCHACA, TX 78652	74-1183095	501(C)(3)	7,500	0	N/A	N/A	SUPPORT ADULTS WITH COGNITIVE CHALLENGES

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BOARD MEMBERS SPOUSE TRAVEL FOR ANNUAL EMPLOYEE RECOGNITION AND AWARDS CEREMONY.
PART I, LINE 4B	IN JULY 2003 THE COMPANY ADOPTED A NON-QUALIFIED DEFERRED COMPENSATION PLAN ("THE PLAN"), UNDER INTERNAL REVENUE CODE SECTION 457(F), COVERING CERTAIN OFFICERS AND DIRECTORS. THE COMPANY ACCRUES AMOUNTS ANNUALLY AS DETERMINED AND APPROVED BY THE BOARD. TO VEST IN THE ALLOCATED AMOUNTS, THE PARTICIPANT MUST REMAIN IN CONTINUOUS SERVICE AS A DIRECTOR OR AS AN EMPLOYEE WITH THE COMPANY. THE COMPANY SHALL PAY, IN A SINGLE LUMP-SUM PAYMENT, AN AMOUNT EQUAL TO THE VESTED AMOUNT WITHIN 90 DAYS OF THE DATE OF VESTING. THESE PAYMENTS ARE PAID FROM THE GENERAL ASSETS OF THE COMPANY. ALTHOUGH IT IS NOT REQUIRED TO DO SO, THE COMPANY MAY ELECT TO INVEST AMOUNTS IN ORDER TO MEET ITS OBLIGATIONS UNDER THIS DEFERRED COMPENSATION PLAN. COMPENSATION BENEFITS ACCRUED AND DEFERRED UNDER THE DEFERRED COMPENSATION PLAN ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE SHOULD THE PARTICIPANT TERMINATE HIS OR HER RELATIONSHIP WITH THE COMPANY PRIOR TO THE RESPECTIVE SCHEDULED VESTING DATE, AS DEFINED. IN JANUARY 2011, THE COMPANY AMENDED THE PLAN (THE "AMENDED PLAN") IN ORDER TO CLARIFY WHICH PARTY ABSORBS THE MARKET RISK OF AMOUNTS INVESTED BY THE COMPANY ON THE RECIPIENT'S BEHALF. THE AMENDED PLAN STATES THAT NET EARNINGS AND LOSSES SHALL BE CREDITED TO THE RECIPIENT'S ACCOUNT FROM TIME TO TIME AS DETERMINED BY THE COMPANY. AS OF JUNE 30, 2020 AND 2019, THE COMPANY HAD ACCRUED $421,016 AND $245,271 IN DEFERRED COMPENSATION UNDER THE AMENDED PLAN, RESPECTIVELY. THE FOLLOWING OFFICERS PARTICIPATE IN THE 457(F) DEFERRED COMPENSATION PLAN: CARROLL SCHUBERT, MICHAEL KEVIN CLOUD, WILLIAM KEITH WALKER, ERIC BARBOSA. IN APRIL 2014, THE COMPANY ADOPTED A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER IRC SECTION 457(B), COVERING CERTAIN OFFICERS AND DIRECTORS. NO EMPLOYER CONTRIBUTIONS WERE MADE TO THE PLAN FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. THE FOLLOWING OFFICERS PARTICIPATE IN THE 457(B) PLAN: CARROLL SCHUBERT, MICHAEL KEVIN CLOUD, WILLIAM KEITH WALKER, ERIC BARBOSA.
PART I, LINE 7	THE COMPANY HAS A BONUS PROGRAM. THE BENEFIT IS BASED SOLELY ON AN INDIVIDUAL PERFORMANCE ASSESSMENT. NO CONSIDERATION IS GIVEN TO THE REVENUE OR NET EARNINGS OF THE COMPANY.

Additional Data

Software ID:
Software Version:
EIN: 74-2786094
Name: PROFESSIONAL CONTRACT SERVICES INC

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SCHUBERT CARROLL PRESIDENT/CEO	(i)	428,845	95,000	9,327	16,800	13,240	563,212	0
	(ii)	0	0	0	0	0	0	0
1 WALKER WILLIAM KEITH ASSIS SEC/VP OPERATIONS, BUS. DEVELO	(i)	274,189	37,788	3,310	16,800	11,717	343,804	0
	(ii)	0	0	0	0	0	0	0
2 BARBOSA ERIC VP/GENERAL COUNSEL	(i)	255,770	33,750	4,483	16,800	30,315	341,118	0
	(ii)	0	0	0	0	0	0	0
3 CLOUD MICHAEL KEVIN SEC/VP CONTRACTS, IT, QUALITY, SAFET	(i)	242,174	34,986	6,498	16,783	13,104	313,545	0
	(ii)	0	0	0	0	0	0	0
4 JONES MARK K TREASURER/CFO	(i)	260,021	0	4,073	15,601	10,217	289,912	0
	(ii)	0	0	0	0	0	0	0
5 CLARK BLUE DIRECTOR OF IT	(i)	199,909	22,560	3,228	875	33,006	259,578	0
	(ii)	0	0	0	0	0	0	0
6 CANNON CHARLES C SENIOR DIRECTOR OF OPERATIONS	(i)	185,711	22,800	2,786	12,926	22,748	246,971	0
	(ii)	0	0	0	0	0	0	0
7 FERGUSON VANESSA DIRECTOR OF REHABILITATION	(i)	189,699	22,680	3,383	7,088	19,100	241,950	0
	(ii)	0	0	0	0	0	0	0
8 SCHMILLE TERRY DIRECTOR OF OPERATIONS	(i)	192,040	20,237	5,064	5,160	16,674	239,175	0
	(ii)	0	0	0	0	0	0	0
9 GREENE LUCINDA R DIRECTOR OF HUMAN RESOURCES	(i)	189,208	21,320	3,490	3,842	2,250	220,110	0
	(ii)	0	0	0	0	0	0	0
10 SUMNER KYLE W CONTROLLER	(i)	157,441	17,820	2,099	11,093	25,888	214,341	0
	(ii)	0	0	0	0	0	0	0
11 HARRISON DAISY DIRECTOR OF OPERATIONS	(i)	144,242	17,758	2,449	6,570	24,780	195,799	0
	(ii)	0	0	0	0	0	0	0
12 THISS WESTON R DIRECTOR OF OPERATIONS	(i)	136,051	14,603	5,583	7,550	24,861	188,648	0
	(ii)	0	0	0	0	0	0	0
13 ANDERSON GARY D SENIOR DIRECTOR BUSINESS DEVELOPMENT	(i)	157,058	17,856	2,873	10,495	0	188,282	0
	(ii)	0	0	0	0	0	0	0
14 CURD BARBARA DIRECTOR OF SAFETY & LOSS CONTROL	(i)	147,772	16,229	2,578	9,906	11,317	187,802	0
	(ii)	0	0	0	0	0	0	0
15 TUCKER DENNIS G CORPORATE DIRECTOR OF QUALITY & COMP	(i)	141,782	15,456	5,385	4,200	19,229	186,052	0
	(ii)	0	0	0	0	0	0	0
16 COOKE ANDREW S SENIOR CONTRACTS MANAGER	(i)	118,084	10,404	1,726	8,860	43,577	182,651	0
	(ii)	0	0	0	0	0	0	0
17 HINES III NATHAN E SENIOR DIRECTOR BUSINESS DEVELOPMENT	(i)	138,088	13,760	2,110	9,111	10,150	173,219	0
	(ii)	0	0	0	0	0	0	0
18 BANH QUE SR. FIN. ANALYST (UNTIL 02/07/20)	(i)	133,429	14,374	2,099	9,030	12,909	171,841	0
	(ii)	0	0	0	0	0	0	0
19 GASPAR DE ALBA-GOMEZ JACQUELINE PROPOSAL MANAGER	(i)	121,229	10,400	1,641	1,250	26,544	161,064	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CORPORATE CONTROLLER AND CFO FULLY REVIEW THE ENTIRE FORM 990 INCLUDING ALL SCHEDULES. AFTER THE FINAL ANALYSIS OF THE DOCUMENTS, THE CFO DOES A FULL REVIEW AND ANALYSIS WITH T HE CEO AND PRESIDENT. ALL SCHEDULES ARE REVIEWED AND DISCUSSED AS WELL AS THE FINAL FORM 9 90 AND REPORTABLE NUMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTERESTS ARE MONITORED ON AN ONGOING BASIS AND AT A MINIMUM OF ONCE ANNUALLY . THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY, SIGNS THE FORMAL CONFLIC T OF INTEREST DISCLOSURE STATEMENT AND HAS DISCUSSION ON DISCLOSURE AND TIMING REQUIREMENT S. MEMBERS OF THE BOARD OF DIRECTORS OF THE PROFESSIONAL CONTRACT SERVICES, INC., ("PCSI") , OFFICERS, VOLUNTEERS, AND KEY EMPLOYEES MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF P CSI. MEMBERS OF THE BOARD, OFFICERS, VOLUNTEERS, AND KEY EMPLOYEES SHALL DISCLOSE ALL POTE NTIAL AND ACTUAL CONFLICTS OF INTEREST TO THE BOARD OF DIRECTORS AND, AS REQUIRED, REMOVE THEMSELVES FROM ALL DISCUSSION AND VOTING ON ANY RELATED MATTER. THIS POLICY SHALL APPLY T O THE MEMBERS OF THE PCSI BOARD OF DIRECTORS, BUT ALSO SHALL APPLY TO ALL MEMBERS OF PCSI COMMITTEES, TASK FORCES, AND OTHERS IN THE PCSI GOVERNANCE STRUCTURE, AS WELL AS TO PCSI'S KEY EMPLOYEES. ON AN ANNUAL BASIS, ALL INDIVIDUALS TO WHOM THIS POLICY SHALL APPLY SHALL BE PROVIDED WITH A COPY OF THIS POLICY AND REQUIRED TO COMPLETE AND SIGN AN ACKNOWLEDGEMEN T AND DISCLOSURE FORM PREPARED BY THE BOARD OF DIRECTORS. DISCLOSURE IN THE ORGANIZATION S HOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT , THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD. DISC LOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOAR D. THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONF LICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO PCSI. THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, A ND THEIR CONCERN MUST BE THE WELFARE OF PCSI AND THE ADVANCEMENT OF ITS PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD ELECTED COMPENSATION COMMITTEE FOR PCSI CONTRACTS EVERY OTHER YEAR WITH AN OUTSI DE, INDEPENDENT RESEARCH FIRM THAT SPECIALIZES IN CUSTOM WAGE AND BENEFIT SURVEYS. IN ADDI TION, THE CHAIRMAN OF THE COMPENSATION COMMITTEE ALONG WITH ITS MEMBERS PERFORMS OUTSIDE R ESEARCH AND ANALYSIS. THE COMPENSATION COMMITTEE THEN MEETS TO DISCUSS AND RECORD THE VARI OUS FINDINGS, RECOMMENDATIONS AND SUBSEQUENT DECISIONS FOR SALARY AND BENEFITS AMOUNTS FOR THE PRESIDIENT AND CEO. THIS PROCESS IS COMPLETED EVERY YEAR, AND WAS LAST COMPLETED IN D ECEMBER 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL S TATEMENTS AVAILABLE TO THE GENERAL PUBLIC DURING THE YEAR UPON REQUEST. THE FORM 990 IS AL SO AVAILABLE AT WWW.GUIDESTAR.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 13,458. MANAGEMENT AND GENERAL EXPENSES 468,100. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 481,558. PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 15,701. MANAGEMENT AND GENERAL EXPENSES 546,097. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 561,798. TECHNICAL SUPPORT: PROGRAM SERVICE EXPENSES 446. MANAGEMENT AND GE NERAL EXPENSES 15,523. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,969. SUBCONTRACT: PROGRAM SERVICE EXPENSES 29,402,610. MANAGEMENT AND GENERAL EXPENSES 236,422. FUNDRAISING EXPENSE S 0. TOTAL EXPENSES 29,639,032.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PROFESSIONAL CONTRACT SERVICES INC

Employer identification number
74-2786094

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) PCSI TEXAS LLC 718 W 1626 FM BLDG 100 AUSTIN, TX 78748 47-4831117	CONTRACT SERVICES	TX	-524,388	355,475	PCSI

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
(1)PCSI EMPLOYEE BENEFIT TRUST 718 WEST FM 1626 BLDG 100 AUSTIN, TX 78748 82-6848354	TO PROVIDE BENEFITS FOR PCSI EMPLOYEES	TX	501(C)(9)		PCSI	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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.		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

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) Disproprtionate 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