

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

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

C Name of organization
EMPLOYMENT SOURCE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
600 AMES ST

City or town, state or province, country, and ZIP or foreign postal code
FAYETTEVILLE, NC 28301

D Employer identification number
56-2253814

E Telephone number
(910) 826-4699

G Gross receipts \$ 17,714,777

F Name and address of principal officer:
BRUCE PATTERSON
10467 WHITE GRANITE DRIVE
OAKTON, VA 22124

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.SERVICESOURCE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001 **M** State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO FACILITATE SERVICES FOR PEOPLE WITH DISABILITIES TO BUILD MORE INCLUSIVE COMMUNITIES.

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	482
6 Total number of volunteers (estimate if necessary)	6	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	253,816	413,431
9 Program service revenue (Part VIII, line 2g)	16,669,189	17,281,968
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	113,508	19,378
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,036,513	17,714,777
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	3,168
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)	12,327,872	13,080,941
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,486		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,270,885	3,929,212
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,598,757	17,013,321
19 Revenue less expenses. Subtract line 18 from line 12	1,437,756	701,456

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,656,455	11,512,831
21 Total liabilities (Part X, line 26)	720,408	875,328
22 Net assets or fund balances. Subtract line 21 from line 20	9,936,047	10,637,503

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2022-12-05

NATE HOOVER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2022-12-05

Check if self-employed PTIN: P01234578

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

Firm's address ▶ 1001 WATER ST STE 500 TAMPA, FL 33602 Phone no. (813) 316-2300

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO FACILITATE SERVICES, RESOURCES AND PARTNERSHIPS TO SUPPORT PEOPLE WITH DISABILITIES AND OTHERS WE SERVE, ALONG WITH THEIR FAMILIES, THEIR CAREGIVERS AND COMMUNITY MEMBERS, IN ORDER TO BUILD MORE INCLUSIVE COMMUNITIES.

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 \$ 15,124,403 including grants of \$ 3,168) (Revenue \$ 17,281,968)
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 ▶ 15,124,403

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 main columns: Question/Description, Input Field (e.g., 2a, 2b), Yes/No, and a final empty column. Rows include questions about employee reporting (2a-2b), federal employment tax returns (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurance issuers (13a-13c), indoor tanning services (14a-14b), parachute payments (15), educational institutions (16), and section 501(c)(21) organizations (17).

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: NC
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: NATE HOOVER CFO 10467 WHITE GRANITE DRIVE OAKTON, VA 22124 (703) 461-6000

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	94,000				
	e Government grants (contributions)	1e	236,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	83,181				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			413,431			
Program Service Revenue	2a CONTRACT OPERATIONS	Business Code					
		900099	16,501,744	16,501,744			
	b REHABILITATION SERVICE	900099	666,214	666,214			
	c RENTAL AND HOUSING REV	900099	114,010	114,010			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		17,281,968					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19						
9b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a OTHER INCOME	900099	19,378			19,378		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		19,378					
12 Total revenue. See instructions		17,714,777	17,281,968	0	19,378		

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	3,168	3,168		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	395,360	381,939	9,719	3,702
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	8,984,611	8,689,364	216,024	79,223
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	212,014	190,235	21,016	763
9 Other employee benefits	2,549,008	2,508,672	24,455	15,881
10 Payroll taxes	939,948	910,473	21,567	7,908
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	673,681	651,073	22,608	
12 Advertising and promotion	7,679	7,679		
13 Office expenses	39,536	38,442	1,072	22
14 Information technology	18,605	18,411	194	
15 Royalties				
16 Occupancy	205,848	156,575	41,113	8,160
17 Travel	95,796	91,967	3,121	708
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,415	12,178	1,237	
20 Interest	4,808	4,808		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,493	201,493		
23 Insurance	19,790	19,790		
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 OVERHEAD ALLOCATION	1,401,083		1,401,083	
b CNA FEE	497,999	497,999		
c CONTRACT/OTHER SUPPLIES	360,191	358,909	1,282	
d REPAIRS AND MAINTENANCE	326,563	320,476	6,087	
e All other expenses	62,725	60,752	1,854	119
25 Total functional expenses. Add lines 1 through 24e	17,013,321	15,124,403	1,772,432	116,486
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,000	1	1,000
	2 Savings and temporary cash investments	63,890	2	2,785
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,820,179	4	2,517,580
	5 Loans and other receivables from 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	0	9	1,842
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,580,593		
	b Less: accumulated depreciation	2,056,536		
		1,430,087	10c	1,524,057
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	7,341,299	15	7,465,567	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,656,455	16	11,512,831	
Liabilities	17 Accounts payable and accrued expenses	580,686	17	740,299
	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	139,722	23	135,029
	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		25	
	26 Total liabilities. Add lines 17 through 25	720,408	26	875,328
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,089,561	27	9,842,451
	28 Net assets with donor restrictions	846,486	28	795,052
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	9,936,047	32	10,637,503	
33 Total liabilities and net assets/fund balances	10,656,455	33	11,512,831	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,714,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,013,321
3	Revenue less expenses. Subtract line 2 from line 1	3	701,456
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,936,047
5	Net unrealized gains (losses) on investments	5	
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 32, column (B))	10	10,637,503

Part XII Financial Statements and Reporting

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

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 56-2253814

Name: EMPLOYMENT SOURCE INC

Form 990 (2021)

Form 990, Part III, Line 4a:

SEE SCHEDULE O.EMPLOYMENT SOURCE, INC. DBA SERVICESOURCE IS A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION OPERATING AS THE NORTH CAROLINA REGIONAL OFFICE OF SERVICESOURCE. THE MISSION OF THE ORGANIZATION IS TO FACILITATE SERVICES, RESOURCES AND PARTNERSHIPS TO SUPPORT PEOPLE WITH DISABILITIES AND OTHERS WE SERVE, ALONG WITH THEIR FAMILIES, THEIR CAREGIVERS AND COMMUNITY MEMBERS, IN ORDER TO BUILD MORE INCLUSIVE COMMUNITIES. THE SERVICESOURCE ORGANIZATION IS MADE UP OF FIVE REGIONAL OFFICES WITH PROGRAMS AND OPERATIONS IN MORE THAN 10 STATES AND THE DISTRICT OF COLUMBIA. THE REGIONAL OFFICES ARE LOCALLY INCORPORATED AS SEPARATE 501(C)(3) ENTITIES BUT MEET CONCURRENTLY THROUGH THE SAME VOLUNTEER BOARD OF DIRECTORS ACROSS REGIONS.EMPLOYMENT SOURCE, INC. OPERATING AS THE NORTH CAROLINA REGIONAL OFFICE OF SERVICESOURCE IS LOCATED IN FAYETTEVILLE, NC. THE VIRGINIA REGIONAL OFFICE IS IN OAKTON, VA; THE FLORIDA REGIONAL OFFICE IS LOCATED IN CLEARWATER, FL; THE DELAWARE REGIONAL OFFICE IS IN NEW CASTLE, DE; AND THE UTAH REGIONAL OFFICE IS IN CLEARFIELD, UT. THE SERVICESOURCE NORTH CAROLINA REGIONAL OFFICE SERVED MORE THAN 2,950 INDIVIDUALS IN FISCAL YEAR 2022 (FY22) AND PROVIDES THE FOLLOWING PROGRAMS AND SERVICES: -A FULL RANGE OF REHABILITATION AND EMPLOYMENT SUPPORTS INCLUDING VOCATIONAL EVALUATION, WORK ADJUSTMENT TRAINING, JOB COACHING, SUPPORTED EMPLOYMENT AND SPECIALIZED PROGRAMS. -AFFIRMATIVE EMPLOYMENT PROGRAMS PROVIDING COMMUNITY INTEGRATED CAREERS FOR PEOPLE WITH DISABILITIES. LINES OF BUSINESS INCLUDE FOOD SERVICE OPERATIONS, MAIL CENTER MANAGEMENT, CALL CENTER OPERATIONS, LOGISTICS, AND ADMINISTRATIVE SUPPORT. -FRIENDSHIP HOUSE FAYETTEVILLE, AN INTENTIONAL LIVING COMMUNITY THAT PROVIDES AFFORDABLE, INTEGRATED HOUSING FOR YOUNG ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND HEALTHCARE PROFESSIONAL STUDENTS. -WARRIOR BRIDGE, PROVIDING CAREER GUIDANCE, VOCATIONAL TRAINING, JOB PLACEMENT, AND OTHER SUPPORT SERVICES TO VETERANS WITH DISABILITIES. -PRE-EMPLOYMENT TRANSITION SERVICES, TO PREPARE STUDENTS WITH DISABILITIES TO TRANSITION INTO THE WORKFORCE OR CONTINUING EDUCATION AFTER GRADUATION. SERVICES INCLUDE SITUATIONAL ASSESSMENTS AND CAREER EXPLORATION. -WORK INCENTIVE PLANNING AND ASSISTANCE PROVIDING BENEFITS COUNSELING AND WORK INCENTIVE COUNSELING. -HOMES FOR INDEPENDENCE PROVIDING AFFORDABLE, ACCESSIBLE, AND SAFE HOUSING FOR PERSONS WITH LOW-INCOMES AND/OR DISABILITIES. -THE SERVICESOURCE FOUNDATION, A SEPARATE 501(C)(3) ORGANIZATION THAT RAISES MONEY TO SUPPORT UNFUNDED OR UNDER-FUNDED PROGRAMS OF SERVICESOURCE.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY CACCETTA BOARD CHAIR	0.40 1.60	X		X				0	0	0
KARLA S LEAVELLE CHAIR ELECT	0.40 1.60	X		X				0	0	0
BRANDT WOOD VICE CHAIR	0.40 1.60	X		X				0	0	0
JAMES CARROLL PAST CHAIR	0.40 1.60	X		X				0	0	0
FRANK BURKE TREASURER	0.40 1.60	X		X				0	0	0
JOSEPH ASHLEY DIRECTOR	0.40 1.60	X						0	0	0
JOANNE FINNIGAN DIRECTOR	0.40 1.60	X						0	0	0
GARY PETERSEN DIRECTOR	0.40 1.60	X						0	0	0
JOSEPH SOROTA DIRECTOR	0.40 1.60	X						0	0	0
ALBERT WU DIRECTOR	0.40 1.60	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HECTOR VELEZ DIRECTOR	0.40 1.60	X						0	0	0
MICHAEL WALSH DIRECTOR	0.40 1.60	X						0	0	0
WEYHER DAWSON DIRECTOR	0.40 1.60	X						0	0	0
MARK DIORIO DIRECTOR	0.40 1.60	X						0	0	0
PATRICIA HARRISON DIRECTOR	0.40 1.60	X						0	0	0
BRUCE PATTERSON CHIEF EXECUTIVE OFFICER	4.00 36.00			X				53,587	482,286	39,905
MARK HALL PRESIDENT	4.00 36.00			X				44,616	401,547	37,962
LISA WARD EXECUTIVE DIRECTOR-FOUNDATION	2.00 38.00			X				16,883	320,780	37,763
NATE HOOVER CHIEF FINANCIAL OFFICER	4.00 36.00			X				32,971	296,737	16,797
ANDREW RIND SVP-EXECUTIVE DIRECTOR	30.00 10.00			X				130,613	43,538	28,369

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS DAPOLITO EVP-REGIONAL OPERATIONS	10.00 30.00				X			74,364	223,093	31,229
LISA LONG EVP-IT	4.00 36.00					X		29,360	264,240	16,684
JOHN HUFF EVP-CONTRACT OPS	4.00 36.00					X		21,018	189,161	30,779
SOMA BAKHTARI VP-TECHNOLOGY MGMT	4.00 36.00					X		19,568	176,108	28,974
JOSEPH LUCENTE VP-CONTRACTS ADMIN	4.00 36.00					X		18,527	166,743	25,293
SWATI ANEJA EVP-HUMAN RESOURCES	4.00 36.00					X		23,874	214,870	2,211

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization EMPLOYMENT SOURCE INC	Employer identification number 56-2253814
--	---

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).)
- 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 on 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						

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage for 2020; 16a 33 1/3% support test—2021; 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	279,305	326,723	1,263,864	253,816	413,431	2,537,139
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	14,764,352	16,466,464	16,398,163	16,669,189	17,281,968	81,580,136
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	15,043,657	16,793,187	17,662,027	16,923,005	17,695,399	84,117,275
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.)						84,117,275

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	15,043,657	16,793,187	17,662,027	16,923,005	17,695,399	84,117,275
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		15,453	75,696			91,149
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.		15,453	75,696			91,149
11 Net income from unrelated business activities not included on 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.)	34,571	27,937	33,632	13,942	19,378	129,460
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,078,228	16,836,577	17,771,355	16,936,947	17,714,777	84,337,884

14 First 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	99.740 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.730 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0.110 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.110 %

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME FROM EXEMPT ACTIVITIES - 2017 AMOUNT: \$ 34,571. 2018 AMOUNT: \$ 27,937. 2019 AMOUNT: \$ 33,632. 2020 AMOUNT: \$ 13,942. 2021 AMOUNT: \$ 19,378.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization EMPLOYMENT SOURCE INC

Employer identification number 56-2253814

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and 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... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a 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. Table with columns: Held at the End of the Year, 2a, 2b, 2c, 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? 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)? 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 FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	33,283,625	24,759,352	27,612,281	26,337,146	24,395,027
b Contributions	1,000,000	3,405,481		1,336,888	971,711
c Net investment earnings, gains, and losses	-2,894,325	6,592,273	871,159	1,276,788	1,419,425
d Grants or scholarships	90,000	90,000	90,000	90,000	90,250
e Other expenditures for facilities and programs	384,534	1,383,481	3,634,088	1,248,541	333,767
f Administrative expenses					25,000
g End of year balance	30,914,766	33,283,625	24,759,352	27,612,281	26,337,146

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.000 %
 - b** Permanent endowment ▶
 - c** Term 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 | | No |
| (ii) Related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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				
b Buildings				
c Leasehold improvements		1,556,511	893,992	662,519
d Equipment		917,680	527,075	390,605
e Other		1,106,402	635,469	470,933
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,524,057

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)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
(10)		
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) DUE FROM AFFILIATES	7,465,567
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	7,465,567

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.)	

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	17,714,777
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	0
3	Subtract line 2e from line 1		3	17,714,777
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	17,714,777

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	17,013,321
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	17,013,321
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,013,321

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	

Additional Data

Software ID:

Software Version:

EIN: 56-2253814

Name: EMPLOYMENT SOURCE INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INVESTMENT INCOME FROM THESE FUNDS IS AVAILABLE TO PROVIDE FOR CERTAIN PROGRAMS AND INITIATIVES OF THE ORGANIZATION. IN ADDITION, THE BOARD OF TRUSTEES OF SERVICESOURCE FOUNDATION HAS DESIGNATED NET ASSETS TOTALING \$468,788, FOR THE DISABILITY RESOURCE CENTER AND THE FRIENDSHIP HOUSE FOR \$438,754 AND \$30,034, RESPECTIVELY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>EMPLOYMENT SOURCE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, EMPLOYMENT SOURCE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. MANAGEMENT EVALUATED EMPLOYMENT SOURCE'S TAX POSITIONS AND CONCLUDED THAT EMPLOYMENT SOURCE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.</p>

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2021
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
EMPLOYMENT SOURCE INC

Employer identification number
56-2253814

Part I Questions Regarding Compensation

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

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 II:	INCENTIVE COMPENSATION FOR CERTAIN SENIOR EXECUTIVES REFLECTED INCENTIVE AWARDS FOR TWO FISCAL YEARS WHICH, DUE TO TIMING CONSIDERATIONS, WERE PAID TO THOSE EXECUTIVES DURING THE 2021 CALENDAR YEAR. THE INCENTIVES VALUES REFLECTED IN THIS RETURN FOR THOSE EXECUTIVES, THEREFORE, REFLECT TWO INCENTIVE AWARDS.

Additional Data

Software ID:
Software Version:
EIN: 56-2253814
Name: EMPLOYMENT SOURCE INC

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
1 BRUCE PATTERSON CHIEF EXECUTIVE OFFICER	(i)	40,978	10,466	2,143	0	3,990	57,577	0
	(ii)	368,799	94,196	19,291	0	35,915	518,201	0
1 MARK HALL PRESIDENT	(i)	33,489	8,880	2,247	0	3,796	48,412	0
	(ii)	301,404	79,920	20,223	0	34,166	435,713	0
2 LISA WARD EXECUTIVE DIRECTOR- FOUNDATION	(i)	11,694	4,487	702	0	1,888	18,771	0
	(ii)	222,201	85,247	13,332	0	35,875	356,655	0
3 NATE HOOVER CHIEF FINANCIAL OFFICER	(i)	25,096	7,835	40	0	1,680	34,651	0
	(ii)	225,860	70,517	360	0	15,117	311,854	0
4 DENNIS DAPOLITO EVP-REGIONAL OPERATIONS	(i)	57,596	16,509	259	0	7,807	82,171	0
	(ii)	172,791	49,526	776	0	23,422	246,515	0
5 LISA LONG EVP-IT	(i)	22,758	6,411	191	0	1,668	31,028	0
	(ii)	204,825	57,699	1,716	0	15,016	279,256	0
6 JOHN HUFF EVP-CONTRACT OPS	(i)	19,448	1,480	90	0	3,078	24,096	0
	(ii)	175,033	13,320	808	0	27,701	216,862	0
7 SWATI ANEJA EVP-HUMAN RESOURCES	(i)	18,585	3,280	2,009	0	221	24,095	0
	(ii)	167,272	29,520	18,078	0	1,990	216,860	0
8 SOMA BAKHTARI VP-TECHNOLOGY MGMT	(i)	18,116	1,370	82	0	2,897	22,465	0
	(ii)	163,044	12,326	738	0	26,077	202,185	0
9 JOSEPH LUCENTE VP-CONTRACTS ADMIN	(i)	16,936	1,350	241	0	2,529	21,056	0
	(ii)	152,425	12,150	2,168	0	22,764	189,507	0
10 ANDREW RIND SVP-EXECUTIVE DIRECTOR	(i)	116,806	13,291	516	0	21,277	151,890	0
	(ii)	38,936	4,430	172	0	7,092	50,630	0

SCHEDULE O
(Form 990)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

2021**Open to Public
Inspection**Name of the organization
EMPLOYMENT SOURCE INC

Employer identification number

56-2253814

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A NATIONALLY RECOGNIZED ACCOUNTING FIRM PREPARES AND REVIEWS THE RETURN. AFTER AN EXTENSIV E INTERNAL REVIEW AND APPROVAL BY THE CEO, PRESIDENT AND CFO, THE RETURNS ARE MADE AVAILAB LE TO THE MEMBERS OF THE AUDIT COMMITTEE AND BOARD OF DIRECTORS FOR THEIR REVIEW AND COMME NT PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE AND SIGN A DISCLOSURE FORM IDENTIFYING BUSINESS INTERESTS, EMPLOYMENT RELATIONSHIPS AND PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. SERVICESOURCE HAS SPECIFIC BOARD-LEVEL POLICIES REGARDING DISCLOSURE OF CONFLICT OF INTEREST FOR BOARD MEMBERS. THE CHAIR OF THE BOARD AND THE CEO REGULARLY REVIEW THE COMPOSITION OF THE BOARD FOR ANY POTENTIAL CONFLICTS OF INTERESTS AND CONSULT WITH LEGAL COUNSEL IF NECESSARY. THE BOARD CHAIR MAY ASK THE INVOLVED INDIVIDUAL TO RECUSE THEMSELVES DURING DISCUSSIONS ON ANY MATTER RELATING TO A POTENTIAL CONFLICT OF INTEREST. SERVICESOURCE MAINTAINS BUSINESS CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES THAT ALL EMPLOYEES ARE REQUIRED TO FOLLOW. ALL KEY EMPLOYEES, INCLUDING OFFICERS, ARE REQUIRED TO PARTICIPATE IN ANNUAL TRAINING ON THE ORGANIZATION'S CODE OF BUSINESS ETHICS, INCLUDING CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J:	EMPLOYMENT SOURCE, INC. COMPENSATES ONE INDIVIDUAL SHOWN IN PART VII OF THE FORM 990 AND SCHEDULE J, PART II. ALL OTHERS SHOWN IN THESE SECTIONS ARE COMPENSATED BY SERVICESOURCE, INC., THE ORGANIZATION'S RELATED ORGANIZATION. EMPLOYMENT SOURCE, INC. RELIES ON THE COMPENSATION DETERMINATION METHODOLOGY OF SERVICESOURCE, INC. THE FOLLOWING IS THE COMPENSATION METHODOLOGY USED BY SERVICESOURCE, INC.: COMPENSATION FOR SERVICESOURCE'S CEO IS DETERMINED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THIS INDEPENDENT DETERMINATION INCLUDES THE USE OF DATA FOR SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS AND THE COMPENSATION ARRANGEMENT IS DOCUMENTED WHEN DECIDED BY THE BOARD OF DIRECTORS. AN INDEPENDENT COMPENSATION CONSULTANT CONDUCTS AN EXECUTIVE SALARY SURVEY ON AN ANNUAL BASIS, WITH THE RESULTS OF THE SURVEY BEING REVIEWED AND CONSIDERED BY THE BOARD OF DIRECTORS FOR DETERMINATION OF THE CEO'S COMPENSATION. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BASED ON PERIODIC MARKET ANALYSIS, INCLUDING EXECUTIVE SALARY SURVEY CONDUCTED BY A LEADING CONSULTING FIRM CONDUCTED AT LEAST EVERY THREE YEARS.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EMPLOYMENT SOURCE INC

Employer identification number

56-2253814

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) FRIENDSHIP HOUSE FAYETTEVILLE LLC 600 AMES STREET FAYETTEVILLE, NC 28301	TO PROVIDE INTEGRATED HOUSING FOR THOSE WITH DISABILITIES	NC	0	0	EMPLOYMENT SOURCE INC

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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	Yes
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 VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART II:	<p>THE SERVICESOURCE ORGANIZATION IS MADE UP OF FIVE REGIONAL OFFICES WITH PROGRAMS AND OPERATIONS IN TEN STATES AND THE DISTRICT OF COLUMBIA. THE REGIONAL OFFICES ARE LOCALLY INCORPORATED AS SEPARATE 501(C)(3) ENTITIES BUT MEET CONCURRENTLY THROUGH A SHARED VOLUNTEER BOARD OF DIRECTORS. GENERAL CORPORATE AND OVERHEAD EXPENSES AND SALARIES ARE SPREAD ACROSS FIVE REGIONAL OFFICES ACCORDING TO APPROPRIATE ALLOCATION METHODOLOGY AND BASED ON THE PERCENTAGE OF SUPPORT TO THE SPECIFIC REGIONAL OFFICE. THIS STRUCTURE ALLOWS FOR MAINTENANCE OF MUCH LOWER CORPORATE OVERHEAD RATE AS A PERCENTAGE OF REVENUE TO ENSURE THAT ADEQUATE FUNDS ARE DIRECTED SPECIFICALLY TO PROGRAM OPERATIONS. SERVICESOURCE'S VIRGINIA REGIONAL OFFICE IS HEADQUARTERED IN OAKTON, VIRGINIA. THE FLORIDA REGIONAL OFFICE IS IN CLEARWATER, FLORIDA; THE NORTH CAROLINA REGIONAL OFFICE IS IN FAYETTEVILLE, NORTH CAROLINA; THE DELAWARE REGIONAL OFFICE IS IN NEW CASTLE, DELAWARE, AND THE UTAH REGIONAL OFFICE IS IN CLEARFIELD, UTAH. SERVICESOURCE COLLECTIVELY SERVED MORE THAN 32,000 INDIVIDUALS WITH DISABILITIES ANNUALLY THROUGH A RANGE OF INNOVATIVE AND VALUED EMPLOYMENT, TRAINING, LONG TERM, HOUSING AND OTHER SUPPORT SERVICES. SERVICESOURCE FOUNDATION THE SERVICESOURCE FOUNDATION IS A SEPARATE 501(C)(3) CORPORATION THAT RAISES MONEY TO SUPPORT THE PROGRAMS AND PEOPLE OF SERVICESOURCE. THE FOUNDATION OFTEN PROVIDES START-UP FUNDING FOR NEW INITIATIVES AND/OR GAP FUNDING FOR UNFUNDED AND UNDER-FUNDED PROGRAMS. IN FY 2022, THE SERVICESOURCE FOUNDATION SUPPORTED CRITICAL PROGRAMS FOR INDIVIDUALS WITH DISABILITIES AT SERVICESOURCE, INCLUDING FAMILY SUPPORT SERVICES, AUTISM SPECTRUM SERVICES, WARRIOR BRIDGE PROGRAM FOR VETERANS AND EXPRESSIVE THERAPIES.</p>

Additional Data

Software ID:
Software Version:
EIN: 56-2253814
Name: EMPLOYMENT SOURCE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0614539	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 34-1979530	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555080	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849262	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 45-4134490	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 31-1765941	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 26-1686054	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0530355	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317443	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 27-3201131	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3317445	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3617978	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 51-0491999	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 55-0807511	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 65-0462958	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 22-3849222	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352353	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3555082	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3352350	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-0874493	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
7300 BOSTON BLVD SPRINGFIELD, VA 22153 54-0855731	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2799386	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 59-3342379	TO SERVE THOSE WITH DISABILITIES	FL	501(C)(3)	LINE 7	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4867827	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 26-2833829	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 10	SERVICESOURCE INC		No
2735 WHITNEY ROAD CLEARWATER, FL 33760 27-4868301	TO PROVIDE LOW INCOME HOUSING FOR THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 10	SERVICESOURCE INC		No
13 READS WAY SUITE 101 NEW CASTLE, DE 19720 51-0079778	TO SERVE THOSE WITH DISABILITIES	DE	501(C)(3)	LINE 10	SERVICESOURCE INC		No
8170 PARC CIRCLE CLEARFIELD, UT 84015 27-4480214	TO SERVE THOSE WITH DISABILITIES	UT	501(C)(3)	LINE 7	SERVICESOURCE INC		No
10467 WHITE GRANITE DRIVE OAKTON, VA 22124 56-2226062	TO SERVE THOSE WITH DISABILITIES	NC	501(C)(3)	LINE 10	SERVICESOURCE INC		No
10467 WHITE GRANITE DRIVE OAKTON, VA 22124 20-1438270	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 10	SERVICESOURCE INC		No
10467 WHITE GRANITE DRIVE OAKTON, VA 22124 54-0901256	TO SERVE THOSE WITH DISABILITIES	VA	501(C)(3)	LINE 7	N/A		No