Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

A	For th	e 201	8 calendar year, or tax year beginning	, 2018	s, and endir	ng		, 2	0			
В	Check if ap	plicable:	C Name of organization SOURCEPOINT				D Employer ider	ntification nur	nber			
	Addre		Doing Business As				31-1354284					
		change	Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite		E Telephone number					
	Initial	return	800 CHESHIRE ROAD				(740) 363	-6677				
	Termi	nated	City or town, state or province, country, and ZIP or	r foreign postal code	<u> </u>							
	Amen returr		DELAWARE, OH 43015				G Gross receipts	\$ 10	,454,	234.		
	Applio pendi	ation	F Name and address of principal officer: ROE	BERT HORROCKS			H(a) Is this a group subordinates?	return for	Yes [X No		
	-		800 CHESHIRE ROAD, DELAWAR	E, OH 43015			H(b) Are all subordina	ates included?	Yes	No		
ı	Tax-ex	empt st	atus: X 501(c)(3) 501(c)() ◀	(insert no.) 4947(a)(1)	or 52	27	If "No," attach	a list. (see instru	ctions)			
J	Websi	te: 🕨	WWW.MYSOURCEPOINT.ORG				H(c) Group exempti					
K	Form (of organ	ization: X Corporation Trust Associati	on Other ►	L Year o	of formati	on: 1992 M S	tate of legal de	omicile:	OH		
P	art I		nmary									
Activities & Governance		OUR	describe the organization's mission or most si COMMUNITY SET A COURSE TO Li this box if the organization discontinuous	IVE WELL AFTER 55	·				ELP 	·		
Š	2			•				1		17.		
ص ح	3	Numb	er of voting members of the governing body (Pa	art VI, line Ta)				3 4		17.		
es	4 5		er of independent voting members of the gove number of individuals employed in calendar yea					5		$\frac{17.}{127.}$		
₹	6							6		707.		
Act	72	Total	number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, colum	nn (C) line 12				7a		,549		
			nrelated business taxable income from Form 99					7b		0		
	 ~	1101 01	included business taxable income from 1 orin 55	0 1, IIII 0 - 1			Prior Year		rent Ye	ar		
Revenue	8	Contri	butions and grants (Part VIII, line 1h)				8,788,617	7. 9	,268	,724		
	9	Progra	am service revenue (Part VIII, line 2g)	COP	Y FOR		978,905			,864		
eve	10		ment income (Part VIII, column (A), lines 3, 4, a		NSPECTION		157,304	1.	210	,097		
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9				108,350			,549		
			revenue - add lines 8 through 11 (must equal Pa				10,033,176	5. 10	,454	,234		
			s and similar amounts paid (Part IX, column (A),				645,415	5.	613	,507		
			its paid to or for members (Part IX, column (A), I				().		0		
ç	4.5		es, other compensation, employee benefits (Par				4,447,764	4.	790	,996		
Expenses	16a		ssional fundraising fees (Part IX, column (A), line			(0.	(
XDe	b		undraising expenses (Part IX, column (D), line 2									
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)			4,538,259). 4	,936	,235		
			expenses. Add lines 13-17 (must equal Part IX,				9,631,438	3. 10	,340	,738		
			ue less expenses. Subtract line 18 from line 12				401,738	3.	113	,496		
5 Or	200					Beginn	ning of Current Ye		d of Year			
sets	20	Total	assets (Part X, line 16)				10,456,332	2. 10	,377	,397		
Net Assets or	21	Total	iabilities (Part X, line 26)				651,502			,969		
		Net as	sets or fund balances. Subtract line 21 from lin	e 20			9,804,830). 9	,728	,428		
	art II		gnature Block									
			of perjury, I declare that I have examined this return, complete. Declaration of preparer (other than officer) is					my knowledge	and be	lief, it is		
		Ĺ	,				Ĭ					
Sid	gn		Signature of officer				Date					
	ere		Signature of officer				Date					
			Type or print name and title									
			-	er's signature	Date		I	, PTIN				
Pai	id		ID M REAPE, CPA	o orginataro	Jaio		Check i	'	Q117			
Pre	parer		, IIIIs do					4-16631				
Us	e Only		Thaine P	GT TYPE 1370 GT 44100 T 15				16-831-				
\/\^	v tho I		address ► 23240 CHAGRIN BLVD., SUITE 700 cuss this return with the preparer shown above?) (and instructions)				V.		-		
			Reduction Act Notice, see the separate instruc	, , , , , , , , ,					res m 990	No		
- 01	- rape	work	REGUCTION ACT NOTICE, SEE THE SEPARATE INSTRUC	しいび15.				FOI	m 罗罗U	(ZU18)		

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	THE MISSION OF SOURCEPOINT IS TO HELP OUR COMMUNITY SET A COURSE TO
	LIVE WELL AFTER 55.
_	
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?
4	If "Yes," describe these changes on Schedule O. 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 \$4,868,653. including grants of \$) (Revenue \$456,100.)
	SOURCEPOINT'S "IN-HOME CARE PROGRAM" PROVIDES CARE SERVICES WHICH
	ARE DESIGNED TO HELP OLDER ADULTS REMAIN LIVING SAFELY IN THEIR
	OWN HOMES WITH INDEPENDENCE AND DIGNITY. WE PROVIDE DIRECT ACCESS
	TO IN-HOME SERVICES, AS WELL AS REFERRALS TO COMMUNITY RESOURCES
	AND ANSWERS TO YOUR AGING-RELATED QUESTIONS. SERVICES INCLUDE
	ADULT DAY CARE, CHORE SERVICES, EMERGENCY RESPONSE SYSTEMS,
	HOMEMAKER SERVICES, MEDICAL TRANSPORTATION, MENTAL HEALTH
	COUNSELING, NURSING SERVICES, PERSONAL CARE, AND RESPITE CARE. IN
	2018, WE SERVED 1,808 DELAWARE COUNTY ADULTS AGES 55 AND OLDER
	WITH IN-HOME CARE SERVICES.
4b	(Code:) (Expenses \$2,263,578. including grants of \$613,507.) (Revenue \$332,470.) ATTACHMENT 1
4c	(Code:) (Expenses \$ 1,681,939. including grants of \$) (Revenue \$ 115,980.)
	SOURCEPOINT'S "NUTRITION PROGRAM" PROVIDES HEALTHY OPTIONS FOR
	DELAWARE COUNTY RESIDENTS, INCLUDING MEALS ON WHEELS IN DELAWARE COUNTY, COMMUNITY CAFES, SOCIAL DINING CENTERS IN ASHLEY,
	DELAWARE, AND SUNBURY, AND FARMERS MARKET VOUCHERS FOR FRESH FOODS
	FROM PARTICIPATING FARMERS MARKETS IN DELAWARE, GALENA, POWELL,
	SUNBURY, AND WESTERVILLE. IN 2018, OUR MEALS ON WHEELS PROGRAM
	SERVED 253,155 MEALS.
	OBKVED ZJJ,IJJ MEAID.
4 .	Other program services (Describe in Schedule O.) ATTACHMENT 2
4 0	F 9 ()
1 -	
40	Total program service expenses ▶ 9,354,836.

 4e Total program service expenses ►
 9,354,836.

 JSA 8E1020 1.000 0 362HQ K369
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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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	IV Checklist of Required Schedules (continued)			
	. , ,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		х
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V, line 1	34		Х
25.0	or IV, and Part V, line 1			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		25
D		256		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		25
37		27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	· · · · · · · · · · · · · · · · · · ·	20	Х	
Dark	19? Note. All Form 990 filers are required to complete Schedule O. Statements Pogarding Other IPS Filings and Tax Compliance	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 101		162	140
	Enter the number of Fermi V. Le meladed in mile fal. Enter of infectappingsion [1] [1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	Х	
	reportable gaming (gambling) winnings to prize winners?	1c		(0040

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 127			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country: ►			
		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	60		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		- 21
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C I-		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	77	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17]		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				
3	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	-	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations.		6		X
_	Did the organization have members of stockholders, or other persons who had the power to el				
7a			7a		Х
L	one or more members of the governing body?				
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		7b		Х
0					
8	Did the organization contemporaneously document the meetings held or written actions under the warm by the following:	ertaken during			
	the year by the following:		8a	Х	
a	The governing body?		8b	X	
b	Each committee with authority to act on behalf of the governing body?		0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		-)	
300ti	on b. 1 dides (This decitor b requests information about policies not required by the inte	mai novonae		·/ Yes	No
40-	Did the consciention have level shorters branches on efficience		10a		X
	Did the organization have local chapters, branches, or affiliates?		104		
D	If "Yes," did the organization have written policies and procedures governing the activities of	=	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	•	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	ıια		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	_	12b	Х	
_	rise to conflicts?				
С	Did the organization regularly and consistently monitor and enforce compliance with the p		12c	Х	
40	describe in Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	Х	
а	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization		135		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	•	16a		Х
	with a taxable entity during the year?		104		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure		.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990 and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		,550		5 1 (0)
	X Own website X Another's website X Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	•	erest	nolicy	/ and
. •	financial statements available to the public during the tax year.	,		- Choy	, and
20	, g ,	ooks and record	s Þ		
_•	State the name, address, and telephone number of the person who possesses the organization's kimberly clewell 800 Cheshire Road Delaware, OH 43015				

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)ROGER VAN SICKLE	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(2)CAROLYN SLONE	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(3)BILL BROWN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(4)GRETCHEN ROBERTS	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(5)RICHARD ROELL	1.00										
TREASURER	0.	Х		Х				0.	0.	0.	
(6)JANE NANCE	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(7)CARLOS CRAWFORD	1.00										
DIRECTOR	0.	X						0.	0.	0.	
(8)DENISE CAMBIER	1.00										
DIRECTOR	0.	X						0.	0.	0.	
(9)JACK FETTE	1.00										
DIRECTOR	0.	X						0.	0.	0.	
(10)ELIZABETH DALVI	1.00										
DIRECTOR	0.	X						0.	0.	0.	
(11)KAREN CROSMAN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(12)JOHN MCDAVID	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(13)TRUDY POOLE	1.00										
DIRECTOR	0.	X						0.	0.	0.	

1.00

0.

X

0.

0.

JSA

(14)DAVID BLACK

DIRECTOR

0

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per	,		Pos heck		e than o		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)					bot rul Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15) ANNE FARLEY	1.00			3.7					0	0
PRESIDENT 16) ROGER LOSSING	1.00	X		Х				0.	0.	0.
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
17) FRANK PINCIOTTI SECRETARY	1.00	X		Х				0.	0.	0.
18) ROBERT HORROCKS	40.00									
EXECUTIVE DIRECTOR 19) KIMBERLY CLEWELL	40.00			Х				126,603.	0.	49,248.
DIRECTOR OF OPERATIONS	0.			Х				87,695.	0.	32,969.
										
	 									
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S	-							214,298. 214,298.	0.	82,217. 82,217.
d Total (add lines 1b and 1c)	limited to t		liste	d al	bov	e) who	re			02,217.
reportable compensation from the organizatio		-	<u> </u>							Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of repeater than	ortab \$15	ole c 50,0	om 00?	per	nsatior "Yes	n a	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	fron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors	es, comple	10 301	ic uu	iie J	, 101	SUUII	ρ e i	30 <i>11</i>		_
Complete this table for your five highest com- compensation from the organization. Report of year.										

•		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part VII	l		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	40,228.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, C Am	С	Fundraising events 1c					
a git	d	Related organizations 1d					
in.	e	Government grants (contributions) 1e	8,892,084.				
tior S r	f	All other contributions, gifts, grants,					
ibu F		and similar amounts not included above . 1f	336,412.				
<u> </u>			61,479.				
ಕೆ ಬ	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		9,268,724.			
<u>•</u>		Total. Add lifes 1a-11	Business Code	3720077211			
en	_	SERVICE FEES	900099	886,021.	886,021.		
Rev	2a		900099				
9	b	OTHER PROGRAM REVENUES	900099	19,843.	19,843.		
Ξ	С						
Š	d						
ran	е						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	905,864.			
	3	Investment income (including dividen	· · · · · ·				
		and other similar amounts)	▶	210,097.			210,097.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	~	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising					
Other Revenue	Oa	events (not including \$					
eve		of contributions reported on line 1c).					
Ř		See Part IV, line 18	0.				
the	h	Less: direct expenses b	0.				
0	b	Net income or (loss) from fundraising events	•	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
			0.				
	b	Less: direct expenses		0.			
	C			0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	١.		0.				
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
	٣	Miscellaneous Revenue	Business Code	0.			
	14.5	AD REVENUE	511120	29,118.		29,118.	
	11a	CATERING REVENUE	722320	40,431.		40,431.	
	b		,22320	10,131.		10,151.	
	C .	All all					
	d	All other revenue		69,549.			
	12	Total. Add lines 11a-11d		10,454,234.	905,864.	69,549.	210 007
	12	Total revenue. See instructions.		10,404,404.	JUD,004.	09,349.	210,097.

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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										
<u>Do</u>	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)					
	9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising					
			expenses	general expenses	expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	613,507.	613,507.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	296,515.		296,515.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	3,272,174.	2,903,721.	296,931.	71,522.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	196,568.	191,345.		5,223.					
9	Other employee benefits	723,480.	660,213.	45,246.	18,021.					
10	Payroll taxes	302,259.	256,809.	38,440.	7,010.					
11	Fees for services (non-employees):									
а	Management	0.								
	Legal	0.								
c	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
1	f Investment management fees	20,019.		20,019.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	3,067,743.	3,033,968.	33,360.	415.					
12	Advertising and promotion	43,362.	31,264.	11,723.	375.					
13	Office expenses	145,867.	133,966.	7,996.	3,905.					
14	Information technology	88,311.	75,539.	11,152.	1,620.					
15	Royalties	0.								
16	Occupancy	342,230.	322,293.	17,460.	2,477.					
17	Travel	44,145.	35,483.	7,440.	1,222.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	0.								
20	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	175,979.	161,542.	11,747.	2,690.					
23	Insurance	44,770.	39,827.	4,346.	597.					
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.)									
_	RAW FOOD AND KITCHEN SUPPLIE	630,515.	630,515.							
-	OPERATING SERVICE FEES	176,835.	151,260.	22,332.	3,243.					
_	SUPPLIES	119,497.	85,936.	9,201.	24,360.					
d	TRAINING FEES	13,670.	8,566.	4,102.	1,002.					
e	All other expenses	23,292.	19,082.	2,651.	1,559.					
	Total functional expenses. Add lines 1 through 24e	10,340,738.	9,354,836.	840,661.	145,241.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
		9.								

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Part X Balance Sheet Page **1 1**

ı e	ILA	Datation Citoti					
		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,124,334.	1	1,956,767.
	2	Savings and temporary cash investments	774,895.	2	742,646.		
	3	Pledges and grants receivable, net	0.	3	0.		
	4	Accounts receivable, net	98,569.	4	123,595.		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persi	-		0.	5	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	ntary	employees' beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.		
Assets	8	Inventories for sale or use			57,239.	8	61,868.
⋖	9	Prepaid expenses and deferred charges			172,495.	9	72,271.
	_	Land, buildings, and equipment: cost or	 I			-	,
	104		10a	2,634,466.			
	h	Less: accumulated depreciation			1,121,627.	100	1,184,577.
	11				6,069,208.	11	6,196,368.
	12	Investments - other securities. See Part IV, line 11	0.		0.		
	13	Investments - program-related. See Part IV, line 11	0.		0.		
	14		0.	_	0.		
	15	Intangible assets Other assets. See Part IV, line 11	37,965.	15	39,305.		
	16	Total assets. Add lines 1 through 15 (must equal			10,456,332.	16	10,377,397.
_	17	Accounts payable and accrued expenses	562,275.	17	591,667.		
	18	Grants payable		56,832.		13,432.	
	19		32,395.		43,870.		
	20	Deferred revenue		0.		0.	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	rt I\/ (of Schodulo D	0.		0.
"	22	Loans and other payables to current and for			<u> </u>	21	
ţį	22	trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.		0.
	24	Unsecured notes and loans payable to unrelated			0.	25	0.
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25.			651,502.	26	648,969.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl		,		,
Š	27	Unrestricted net assets			9,006,830.	27	8,929,842.
gals	28	Temporarily restricted net assets			798,000.	28	798,586.
P E	29	Permanently restricted net assets			0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ		nt fund		31	
As	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances	-,		9,804,830.	33	9,728,428.
_	34	Total liabilities and net assets/fund balances			10,456,332.	34	10,377,397.
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Part							
	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		10,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,3			
3	Revenue less expenses. Subtract line 2 from line 1	3			13,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,804,830.			
5	Net unrealized gains (losses) on investments	5		-189,898.			
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		9,7	28,4	128.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:		u				
	X Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	siaht				
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		•	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	лріц					
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in				
Ja	the Single Audit Act and OMB Circular A-133?	. 1011		3a		Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	erao	the				
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		0	3b			

8E1054 1.000 0 362HQ K369 161700

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOURCEPOINT

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

31-1354284

Employer identification number

_								
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma						om the general public
		described in section 170(b)	=	· ·	• •	J		5 1
8		A community trust describe		·	Part II.)			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
•		or university or a non-land-	=			-		
		university:	gram conege or ag	grioditaro (oco motraol	.ioiio). L	11101 1110 1	name, only, and orate o	Title college of
10		An organization that norma	lly receives: (1) m	ore than 331/2% of its	support	from co	ntributions mambaret	nin face and arnes
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s, and (2) no more tha	n 331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses
11		acquired by the organization An organization organized a					•	
11 12			•	•	-			orm, out the numero
12		An organization organized	•	-	-			
		of one or more publicly su						
		Check the box in lines 12a t	=				•	_
а	L	Type I. A supporting orga	·		-			
		the supported organization				ajority of	the directors or truste	es of the
		$_{_}$ supporting organization. $ ho$	-					
b	L	Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e person	s that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	☐ Type III functionally integrated integrated in the property in the pro	grated. A supportii	ng organization opera	ited in c	onnectio	n with, and functional	lly integrated with,
		$_$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е		Check this box if the orga	nization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or						
f	Er	iter the number of supported	organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(^) —								
(B)								
(<u> </u>								
(C)								
()								
(D)								
(J) —								
(E)								
				i e	į.			l .

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,472,738.	817,711.	846,864.	810,513.	1,854,443.	5,802,269.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	7,332,815.	7,574,706.	7,939,794.	7,978,104.	7,414,281.	38,239,700.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	245,580.	349,594.	328,381.	334,523.	414,404.	1,672,482.
4	Total. Add lines 1 through 3	9,051,133.	8,742,011.	9,115,039.	9,123,140.	9,683,128.	45,714,451.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						45,714,451.
	tion B. Total Support	(-) 0044	(h) 0045	(-) 0040	(4) 0047	(-) 0040	(6) T- ()
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,051,133.	8,742,011. 72,743.	9,115,039.	9,123,140.	9,683,128.	45,714,451. 577,119.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						46,291,570.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,039,228.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						00 75 **
14	Public support percentage for 2018 (lin		•			14	98.75 % 99.04 %
15	Public support percentage from 2017					15	
16a	331/3% support test - 2018. If the org	•					
L	box and stop here. The organization qu						
a	331/3% support test - 2017. If the org this box and stop here. The organization						
17a		•		_			
174	a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	nization meets on meets the "	the "facts-and facts-and-circum	-circumstances" stances" test.	' test, check th The organizatio	nis box and sto n qualifies as a	p here.
18	Private foundation. If the organization instructions		•				
						chedule A (Form 99	0 or 000 E7\ 2010

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Page 3

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.)

	·			, <u>, , , , , , , , , , , , , , , , , , </u>	<u>'</u>	,	
	tion A. Public Support	(a) 2014	(b) 201 F	(a) 2016	(4) 2017	(a) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
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						
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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
_	Add lines 7a and 7b						
8							
500	tion P. Total Support						
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(6) 2010	(i) Total
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax	ear as a section	1 501(c)(3)
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche						%
	tion D. Computation of Investment					,	70
17	Investment income percentage for 2018 (lin			13 column (f))		17	%
18	Investment income percentage for 2017 (iii						
						•	
ıya	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check this		-				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		•	•			H
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19k	o, check this b	ox and see insti	ructions -

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV **Supporting Organizations**

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

Se

00011	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	, to
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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</i> "Yes," <i>provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	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			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7. 2. Type Toupperung et gameatione		Yes	No
	Did the directors twisters or membership of one or more comparted arguminations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Casti		2		
Section	on C. Type II Supporting Organizations		Yes	Na
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 in	structi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) holow		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
•	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(B) Current Year		
		(A) Prior 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			· · ·

Schedule A (Form 990 or 990-EZ) 2018

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	r age I
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$ Applied to underdistributions of prior years			
<u>а</u> b	Applied to underdistributions of prior years Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
				A (F 000 000 F3) 0040

Schedule A (Form 990 or 990-EZ) 2018

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Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

SOURCEPOINT 31-1354284 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization SOURCEPOINT

Employer identification number 31-1354284

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOURCEPOINT

Employer identification number 31-1354284

Part II	Nanasch Branarty	(coo instructions)	Lleo duplicato co	piec of Part II if addit	onal space is needed.
- ai u ii	Noncash Property	(See msiruciions)). Use duplicate co	ipies di Part II il addit	unai space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization SOURCEPOINT **Employer identification number** 31-1354284 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization Employer identification number SOURCEPOINT 31-1354284

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
-	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	
Pa	art 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).	
•		n of a historically important land area
		n of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated 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, inspec	
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing or	
0	Start and volunteer hours devoted to monitoring, inspecting, nandling of violations, and emorcing co	onservation easements during the year
_	Annual of superiors in superiors in a superior in a section is a self-unit or five letters and sufferiors.	
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 sec	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	icial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	s revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
	works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide the following amounts relating to these items:	lucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	> ¢
	(ii) Assets included in Form 990, Part X	
2		
2	If the organization received or held works of art, historical treasures, or other similar	.
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	
a	Revenue included on Form 990, Part VIII, line 1.	· · · · · · · · · · · · · · · · · · ·
<u>b</u>	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): а Public exhibition Loan or exchange programs Scholarly research b Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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 **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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) **b** Buildings

1,334,607.

1,130,498.

169,361.

541,927

797,638

110,324

Schedule D (Form 990) 2018

792,680.

332,860.

59,037. 1,184,577.

c Leasehold improvements

d Equipment........

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered	I "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line		
 (a) Description of security or category	(b) Book value	(c) Method of valuation:	

Part VII	Investments - Other Securities. Complete if the organization answered	d "Ves" on Form 990	Part IV line 11h See Form 99	0 Part X line 12
		(b) Book value		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
i ait viii	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu	uation:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 99	0, Part X, line 15.
	(a) De	escription		(b) Book value
_(1)				
_(2)				
(3)				
(4)				
_(5)				
(6)				
(8)				
(9) Table (0 a)	(h)	P 45)		
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · · · · · · · · · · · · · · ·	•
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book valu	le	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	•		
2 Liability fo	or uncertain tax positions. In Part XIII, provide the	toxt of the feetnets to the	o organization's financial statements that	roports 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 JSA 8E1270 1.000 0362HQ K369

Schedule D (Form 990) 2018

Page 3

Schedule D (Form 990) 2018 Page **4**

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	10,244,317.						
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
	Net unrealized gains (losses) on investments								
	Donated services and use of facilities								
	Donated Services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.								
C	Recoveries of prior year grants								
	Other (Describe in Part XIII.)	2e	-189,898.						
	Add lines 2a through 2d		10,434,215.						
3	Subtract line 2e from line 1	3	10,434,213.						
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 20,019.								
	Other (Describe in Part XIII.)		20 010						
	Add lines 4a and 4b	4c	20,019.						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,454,234.						
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.							
1	Total expenses and losses per audited financial statements	1	10,320,719.						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
	Donated services and use of facilities 2a								
	Prior year adjustments								
	Other losses								
	Other (Describe in Part XIII.)								
	Carlot (Become art art xiiii)	2e							
	Add lines 2a through 2d	3	10,320,719.						
3	Subtract line 2e from line 1	3	20/020//201						
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 20,019.								
	investment expenses not included on Form 550, Fart Vin, line 75								
	Other (Describe in Part XIII.)		20 010						
	Add lines 4a and 4b	4c	20,019.						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,340,738.						
	Supplemental Information.	() / - !'	Land David V. Para						
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform								
SEE	PAGE 5								
	1700 5								

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Schedule D (Form 990) 2018 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, FEDERAL INCOME TAXES

SOURCEPOINT IS A VOLUNTARY HEALTH AND WELFARE ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. SOURCEPOINT HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS, AND IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. SOURCEPOINT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENT.

SOURCEPOINT HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(6)(1)(A)(IV).

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SOURCEPOINT

Part I General Information on Grants and Assistance

Employer identification number

31–1354284

1 Does the organization maintain records to so			=	-			V Vaa Na
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proced	dures for mor	nitoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations aı	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can b	e duplicated if a	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALZEHEIMERS ASSOCIATION							
1379 DUBLIN ROAD COLUMBUS, OH 43215	13-3039601	501(C)(3)	56,189.				PROGRAM ASSISTANCE
(2) CATHOLIC SOCIAL SERVICES							
197 EAST GAY STREET COLUMBUS, OH 43215	34-4379437	501(C)(3)	36,663.				PROGRAM ASSISTANCE
(3) CENTRAL OHIO AREA ON AGENCY							
174 EAST LONG STREET COLUMBUS, OH 43215	31-6400223	501(C)(3)	10,000.				PROGRAM ASSISTANCE
(4) COMMON GROUND FREE STORE							
193 EAST CENTRAL AVENUE DELAWARE, OH 43015	54-2185851	501(C)(3)	7,000.				PROGRAM ASSISTANCE
(5) DELAWARE AREA TRANSIT AGENCY							
119 HENDERSON COURT DELAWARE, OH 43015	31-6400065	115	201,168.				PROGRAM ASSISTANCE
(6) DELAWARE COUNTY JUVENILE COURT							
140 NORTH SANDUSKY STREET	31-6400065	115	17,816.				PROGRAM ASSISTANCE
(7) DELAWARE SPEECH & HEARING							
27 WEST CENTRAL AVE DELAWARE, OH 43015	31-0739192	115	79,923.				PROGRAM ASSISTANCE
(8) EMPLOYMENT FOR SENIORS							
4500 EAST BROAD STREET DELAWARE, OH 43213	31-0821748	115	7,000.				PROGRAM ASSISTANCE
(9) GRACE CLINIC							
40 S. FRANKLIN STREET DELAWARE, OH 43015	27-0415624	115	25,000.				PROGRAM ASSISTANCE
(10) HELPLINE OF DELAWARE & MORROW COUNTIES, INC							
11 NORTH FRANKLIN DELAWARE, OH 43015	31-0858350	501(C)(3)	84,016.				PROGRAM ASSISTANCE
(11) LUTHERN SOCIAL SERVICES							
500 W. WILSON BRIDGE ROAD STE 245	31-4412586	501(C)(3)	15,000.				PROGRAM ASSISTANCE
(12) OHIOHEALTH FOUNDATION							
561 WEST CENTRAL AVENUE DELAWARE, OH 43015	23-7446919	501(C)(3)	24,594.				PROGRAM ASSISTANCE
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tab	le			<u> </u>

Schedule I (Form 990) (2018)

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

SCHEDULE I (Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number SOURCEPOINT 31-1354284 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance or government grant noncash assistance or assistance (1) PEOPLE IN NEED 274 N. SANDUSKY STREET DELAWARE, OH 43015 501(C)(3) 31-1019655 20,000. PROGRAM ASSISTANCE (2) WILLOW BROOK CHRISTIAN SERVICES 100 DELAWARE CROSSING W. DELAWARE, OH 43015 31-0728087 501(C)(3) 20,588. PROGRAM ASSISTANCE (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)14.

JSA 8E1288 1 000

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

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCH I, PART I, LINE 2, PROCEDURES FOR MONITORING GRANT FUNDS:

GRANTS ARE PAID ON A REIMBURSEMENT BASIS. GRANT RECIPIENTS SUBMIT

DETAILED EXPENDITURE AND PROGRAMMATIC REPORTS EITHER QUARTERLY OR

MONTHLY, DEPENDING UPON THE AMOUNT OF FUNDS. AFTER THE REPORTS AND

SUPPORTING DOCUMENTATION OF EXPENDITURES ARE REVIEWED BY THE QUALITY

IMPROVEMENT COORDINATOR AND APPROVED BY THE DIRECTOR OF CLIENT SERVICES,

A REQUEST FOR PAYMENT IS THEN SUBMITTED TO ACCOUNTING FOR PAYMENT AND

APPROVAL. ALL APPROVED GRANT FUNDS MUST BE USED DURING THE GRANT YEAR. AT

MID-YEAR, ALL GRANTS ARE ASSESSED FOR PROGRESS TOWARD MEETING THIER

GOALS, AND FOLLOW-UP IS DONE WITH INDIVIDUAL AGENCIES. ALL GRANT

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_7					

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

RECIPIENTS ARE REQUIRED TO SUBMIT WITH THEIR GRANT APPLICATION THEIR

ANNUAL INDEPENDENT AUDIT. THEY ARE ALSO REQUIRED TO SUBMIT THEIR

SUBSEQUENT INDEPENDENT AUDIT FOR REVIEW FOR THE GRANTING PERIOD.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SOURCEPOINT

Department of the Treasury

Internal Revenue Service

Employer identification number 31-1354284

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			37
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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			3.5
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

Schedule J (Form 990) 2018 Page 2

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERT HORROCKS	(i)	120,368.	0.	6,235.	24,290.	24,958.	175,851.	0.
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Part | 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.

SCH J, PART I, LINE 4B,

SECTION 457 (B) DEFERRED COMPENSATION PLAN: ROBERT HORROCKS DEFERRD

\$14,574 TO THE 457 PLAN.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOURCEPOINT

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number 31-1354284

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ŭ	goods							
6	Cars and other vehicles		1.	45,919.	FMV			
7	Boats and planes				-			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
11								
40	or trust interests							
12								
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts		1	15 560				
25	Other ►(ATCH 1)		1.	15,560.				
26	Other ►() Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
					٦		Yes	No
30a	During the year, did the organizat		•					
	28, that it must hold for at least the	-						
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31		X
32a	Does the organization hire or use				sell noncash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,

or a combinatio	n of both. Also cor	nplete this part for any	additional information.	
				ATTACHMENT 1
SCHEDULE M, PART I -	OTHER NONCASH	CONTRIBUTIONS	:	
DESCRIPTION	(A) CHECK	(B) NUMBER OF	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OFFICE FURNITURE	X	1.	15,560.	FMV
TOTALS	_	1.	15,560.	-

Schedule M (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2018

Open to Public Inspection

31-1354284

Department of the Treasury Internal Revenue Service

Name of the organization

SOURCEPOINT

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

FORM 990, PART VI, LINE 11B, 990 REVIEW PROCESS:

ONCE THE 990 IS PREPARED FOR SIGNATURE, IT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND FEEDBACK, ONCE FEEDBACK IS RECEIVED THE REPORT IS FINALIZED AND ENDORSED BY THE PRESIDENT OF THE BOARD AND SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 12C, CONFLICT OF INTEREST POLICY: BOARD MEMBERS AND EMPLOYEES MUST DISCLOSE ALL FINANCIAL INTEREST IN ANY PROPERTY WHICH SOURCEPOINT PURCHASES OR HAS A DIRECT OR INDIRECT INTEREST IN A SUPPLIER, CONTRACTOR, GRANTEE, CONSULTANT OR OTHER ENTITY WITH WHICH SOURCEPOINT DOES BUSINESS. SINCE IT IS NOT POSSIBLE TO WRITE A POLICY THAT COVERS ALL POTENTIAL CONFLICTS, BOARD MEMBERS AND EMPLOYEES ARE EXPECTED TO BE ALERT FOR, DISCLOSE AND, WHERE POSSIBLE AVOID SITUATIONS WHICH MIGHT BE CONSTRUED AS A CONFLICT OF INTEREST. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY BOARD MEMBER SHOULD BE DISCLOSED TO THE OTHER BOARD MEMBERS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST BECOMES A MATTER OF BOARD ACTION. ANY BOARD MEMBER HAVING A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST SHOULD NOT VOTE OR USE HIS/HER PERSONAL INFLUENCE ON THE MATTER, AND HE/SHE SHOULD NOT BE COUNTED A PART OF A QUORUM FOR THE MEETING FOR THE PURPOSE OF THIS VOTE. THE MINUTES OF THE MEETING SHOULD REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING AND THE QUORUM SITUATION. THESE RESTRICTIONS SHOULD NOT BE CONSTRUED AS PREVENTING THE BOARD MEMBER FROM BRIEFLY STATING HIS/HER POSITION IN THE MATTER, NOR

FROM ANSWERING PERTINENT QUESTIONS OF THE OTHER BOARD MEMBERS, HIS/HER
KNOWLEDGE COULD BE OF ASSISTANCE TO THE DELIBERATION. ALL BOARD MEMBERS
ARE REQUIRED TO COMPLETE THE "CONFLICT OF INTERST STATEMENT". THIS POLICY
WILL BE REVIEWED BY THE BOARD ANNUALLY AND ALL MEMBERS WILL BE REQUIRED
TO COMPLETE AND SIGN A "CONFLICT OF INTEREST STATEMENT" DURING
ORIENTATION. AND ALL MEMBERS WILL BE REQUIRED TO COMPLETE AND SIGN A
"CONFLICT OF INTERST STATEMENT" DURING ORIENTATION.

FORM 990, PART VI, LINE 19, DOCUMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON REQUEST.

THE ORGANIZATIONS AUDITED FINANCIAL STATEMENTS, TAX RETURNS, ANNUAL REPORT AND INSPECTION REPORTS ARE ALL AVAILABLE TO THE PUBLIC ON IT'S WEBSITE.

FORM 990, PART XII, LINE 2C, AUDIT OVERSIGHT:

THE ORGANIZATION HAS AN AUDIT COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS THAT OVERSEES THE SELECTION OF THE INDEPENDENT AUDIT FIRM AND MEETS ANNUALLY WITH THE AUDIT FIRM AT THE CONCLUSION OF THE AUDIT. IN ADDITION THE AUDIT IS REVIEWED ANNUALLY BY THE AUDITOR OF STATE'S OFFICE.

FORM 990, PART VI, LINE 15A, COMPENSATION OF TOP MANAGMENT OFFICIAL:

ANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SERVES AS A

COMMITTEE TO REVIEW THE EXECUTIVE DIRECTORS PERFORMANCE AND COMPENSATION.

AS PART OF THE PERFORMANCE APPRAISAL PROCESS, THE COMMITTEE SEEKS THE

INPUT OF ALL BOARD MEMBERS AND COMPILES A REPORT WHICH IS PRESENTED TO
THE FULL BOARD. THE COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA FROM
OUTSIDE SOURCES, SUCH AS THE NATIONAL DATA FROM GUIDESTAR AND STATE DATA
FROM THE OHIO ASSOCIATION OF NON-PROFIT ORGANIZATIONS (OANO), AS WELL AS
THE OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES LABOR MARKET INDEX. THE
COMMITTEE DOES THIS REVIEW INDEPENDENT OF THE EXECUTIVE DIRECTOR AND
MAKES A REPORT AND RECOMMENDATION TO THE FULL BOARD IN EXECUTIVE SESSION
WITHOUT THE PARTICIPATION OF THE EXECUTIVE DIRECTOR. UPON THE APPROVAL
OF THE FULL BOARD, A COMPENSATION OFFER IS MADE FOR THE FOLLOWING YEAR;
AND, IF ACCEPTED THE EXECUTIVE DIRECTOR'S EMPLOYMENT AGREEMENT IS AMENDED
ACCORDINGLY.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SOURCEPOINTS "COMMUNITY PROGRAMS" PROVIDE A NUMBER OF ENRICHMENT
OPPORTUNITIES BOTH ON-SITE IN OUR BEAUTIFUL ENRICHMENT CENTER OR
THROUGHOUT THE COUNTY AND ONLINE. PROGRAMS OFFERED INCLUDE
FITNESS, WELLNESS, ARTS & EDUCATION, AS WELL AS INSURANCE
COUNSELING, MEDICARE EDUCATION, DISEASE MANAGEMENT FAMILY
CAREGIVER SUPPORT, INCLUDING ONE-ON-ONE CONSULTATIONS AND SUPPORT
GROUPS. IN ADDITION TO PROGRAMS WE PROVIDE DIRECTLY, SOURCEPOINT
AWARDS GRANTS EACH YEAR TO OTHER DELAWARE COUNTY ORGANIZATIONS
WHOM PROVIDE SERVICES TO SENIORS. IN 2018, 2,655 INDIVIDUALS AGES
55 AND OLDER ENGAGED IN 898 UNIQUE ACTIVITIES IN OUR ENRICHMENT
CENTER. IN ADDITION, 329 FAMILY CAREGIVERS RECEIVED SUPPORT BOTH
ON- AND OFF-SITE, AND OUR INSURANCE SPECIALISTS SAVED COUNTY
RESIDENTS MORE THAN \$1 MILLION IN MEDICARE COSTS WITH THE HELP OF
CLASSROOM GUIDANCE AND PLAN COMPARISONS.

Name of the organization Employer identification number 31-1354284 ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS EXPENSES REVENUE

COMMUNICATIONS AND OUTREACH 504,468. 1,314.

EVENTS SERVICES 36,198.

TOTALS 540,666. 1,314.

ATTACHMENT 3

Page 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DURALINE 324 WEMER STREET PO BOX 67 LEIPSIC, OH 45856	INCONTINENCE PRODUCT	231,565.
SILVER CROWN SERVICES INC. 3081 TWP ROAD 223 MARENGO, OH 43334	HOMEMAKER SERVICES	284,924.
INTERIM HEALTHCARE OF OHIO 784 MORRISON ROAD GAHANNA, OH 43230	HOMEMAKER/PERSONAL	462,604.
SNOWRIDER DBA, RIGHT AT HOME 8828 COMMERCE LOOP DRIVE COLUMBUS, OH 43240	HOMEMAKER, PERSONAL	158,804.
WILLOWBROOK CHRISTIAN VILLAGE 100 DELAWARE CROSSING WEST DELAWARE, OH 43015	ADULT DAY CARE/HOMEM	199,016.

Form 99 (0-т	Ex	empt Organizatio		siness Income der section 603		rn	OMB No. 1545-0687
	_	For colo	`			. ,,	20	എപ 1
		For calendar year 2018 or other tax year beginning, 2018, and ending • Go to www.irs.gov/Form990T for instructions and the latest information.						
Department of the Internal Revenue S		▶ Do	not enter SSN numbers on this fo				(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check addres	box if s changed	<u> </u>		tions.)	D Emp	loyer identification number loyees' trust, see instructions.)		
B Exempt under	r section		SOURCEPOINT					
X 501(C))(3)	Print	Number, street, and room or suite		31-1	.354284		
408(e)	220(e)	or Type						lated business activity code
408A	530(a)	Type	800 CHESHIRE ROAD)			(See i	instructions.)
529(a)			City or town, state or province, co	ountry, and 2	ZIP or foreign postal code		1	
C Book value of			DELAWARE, OH 4301	.5			5111	.20
at end of year		F Gro	up exemption number (See inst	ructions.)	>		•	
10,377	7,397.	G Che	ck organization type 🕨 X	501(c) co	rporation 50°	1(c) trust	401(a)	trust Other trust
H Enter the r	number of	the orga	nization's unrelated trades or bu	sinesses.	▶ 2	Describ	e the onl	y (or first) unrelated
trade or bu	siness here	e ►ADV	'ERTISING		If only or	ne, complete Parts	I-V. If mo	re than one, describe the
first in the	blank space	ce at the	end of the previous sentence	, complete	Parts I and II, complete	a Schedule M for ea	ach additio	onal
trade or bu	ısiness, the	en comple	ete Parts III-V.					
I During the	tax year, v	was the	corporation a subsidiary in an	affiliated g	roup or a parent-subsidia	ry controlled group?		▶ Yes X No
If "Yes," er	nter the na	me and	identifying number of the paren	t corporati				
		•	MBERLY CLEWELL		Teleph	none number > 74	10-363	-6677
Part I Un	related '	Trade o	or Business Income		(A) Income	(B) Expe	nses	(C) Net
1a Gross re	eceipts or s	ales						
b Less return	ns and allowar	nces	c Balanc	ce ► 1c				
2 Cost of	goods sold	d (Sched	ule A, line 7)	2				
•			2 from line 1c					
4a Capital	gain net in	come (a	ttach Schedule D)	4a				
_			Part II, line 17) (attach Form 4797)					
c Capital	loss deduc	ction for t	rusts	4c				
5 Income (Id	oss) from a pa	artnership o	r an S corporation (attach statement)	5				
6 Rent ind	come (Sche	edule C)						
7 Unrelate	ed debt-fin	anced in	come (Schedule E)	7				
8 Interest, a	annuities, roya	Ities, and re	nts from a controlled organization (Schede	ule F) 8				
			1(c)(7), (9), or (17) organization (Schedu					
•		-	ncome (Schedule I)		20 110		0 600	F.7.0
			lule J)		29,118	2	9,688.	-570
			tions; attach schedule)		29,118	2	9,688.	-570
			ough 12					
			Taken Elsewhere (See in			, ,	Except	for contributions,
			be directly connected wi					
			directors, and trustees (Schedul					
			(see instructions)					
							I	
			See instructions for limitation rul					
			4562)				20	
			on Schedule A and elsewhere				221	
			compensation plans					
			S				I	
			Schedule I).					
			chedule J)					
	leductions						20	

Total deductions. Add lines 14 through 28.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .

Unrelated business taxable income. Subtract line 31 from line 30 . . .

-570.

-570.

29

30

31

29

30

31

orm 990-T (2018) Page **2**

	990-1 (20	·	- 1					ŀ	⊃age ∠
Par		Total Unrelated Business Taxable							
33		f unrelated business taxable income con	•	•				0 1	-0-
	instructi	ons)			· • 🗀	33		2,	585.
34		s paid for disallowed fringes				34			
35		on for net operating loss arising in t							
	instructi	ons)		ATCH. 1	🗀	35		2,!	585.
36	Total o	unrelated business taxable income befor	e specific deduction. Subtract	line 35 from the su	ım				
	of lines	33 and 34			:	36			
37	Specific	deduction (Generally \$1,000, but see line 37	instructions for exceptions)		🗆	37		1,0	000.
38		d business taxable income. Subtract line							
		e smaller of zero or line 36				38			0.
Par		Tax Computation							
39		ations Taxable as Corporations. Multiply line 3	88 by 21% (0.21)			39			
40	Trusts		tructions for tax computation		- ·				
		unt on line 38 from: Tax rate schedule of				40			
						41			
41		x. See instructions							
42		ve minimum tax (trusts only)				42			
43		Noncompliant Facility Income. See instructions			_	43			
44		dd lines 41, 42, and 43 to line 39 or 40, which	ever applies			44			
Par		Tax and Payments	1						
		tax credit (corporations attach Form 1118; trus			_				
		edits (see instructions)							
		business credit. Attach Form 3800 (see instruc			_				
d	Credit fo	or prior year minimum tax (attach Form 8801 or	· 8827) <u>45</u>	id					
е	Total cr	edits. Add lines 45a through 45d			4	15e			
46	Subtrac	line 45e from line 44	. <u></u> <u></u>	<u></u>	L	46			
47	Other tax	es. Check if from: Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedul	e) <u> </u>	47			
48	Total ta	c. Add lines 46 and 47 (see instructions)				48			0.
49		t 965 tax liability paid from Form 965-A or For				49			
50 a		ts: A 2017 overpayment credited to 2018	` \ \ \ \ \						
	-	timated tax payments		b					
		osited with Form 8868	I)c					
		organizations: Tax paid or withheld at source (s)d					
	•	withholding (see instructions)							
	•	or small employer health insurance premiums (a							
		edits, adjustments, and payments: Form 24	,						
9		orm 4136 Other)a					
51		yments. Add lines 50a through 50g				51			
52	-	ed tax penalty (see instructions). Check if Form		Г	\neg \vdash	52			
		,				53			
53 54		. If line 51 is less than the total of lines 48, 49			- F				
54		ment. If line 51 is larger than the total of lines			:	54			
55		amount of line 54 you want: Credited to 2019 esti		Refunded		55			
		Statements Regarding Certain A		· · · · · · · · · · · · · · · · · · ·				V	N.
56	•	time during the 2018 calendar year, did		-			•	Yes	No
		financial account (bank, securities, or oth	•	-	-				
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," 6	enter the name of t	the fo	oreign d	ountry		
	here >								X
57	During t	he tax year, did the organization receive a dist	ribution from, or was it the grantor	r of, or transferor to, a f	foreigr	n trust?.			Х
	If "Yes,"	see instructions for other forms the organization	n may have to file.						
58		e amount of tax-exempt interest received or ac							
		der penalties of perjury, I declare that I have examined e, correct, and complete. Declaration of preparer (other than ta			the bes	t of my k	nowledge	and beli	ief, it is
Sign	า 📗 ""	e, correct, and complete. Declaration of preparer (other than to	in pased on all information of which p	reparer rias arry Kriuwieuge.	May	the IRS	discuss	thie r	return
Her			11/15/2019		with	the pre	eparer s	hown b	
		gnature of officer	Date Title			nstructions)			No
		Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN		
Paid		DAVID M REAPE, CPA			self-em		P000	6811	.7
-	arer	Firm's name ► HW&CO	1			:IN ▶ 3			
Use	Only	Firm's address > 23240 CHAGRIN BLVD.	, SUITE 700, CLEVELAND,						
						· - ·			

S

Form 990-T (2018)									1	Page \$
Schedule A - Cost of Goods	s Sold. En	ter method	of inventory	valuation	>					
1 Inventory at beginning of year	1		6	Inventory	at end of year		6			
2 Purchases	2		7			. Subtract line				
3 Cost of labor	3			6 from	line 5. Ente	er here and in				
4a Additional section 263A costs				Part I, line	2		. 7			
(attach schedule)	4a		8			ection 263A (espect to	Yes	No
b Other costs (attach schedule)				property	produced	or acquired fo	or resa	le) apply		
5 Total. Add lines 1 through 4b					•			, ,,,		Х
Schedule C - Rent Income (Fre	om Real P	roperty ar	nd Personal	Property	Leased W	ith Real Prope	ertv)			
(see instructions)				.,.,			,			
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the percer for personal property is more than 100 more than 50%)		percenta	om real and per ge of rent for pe if the rent is bas	ersonal property	y exceeds	3(a) Deductions of in columns 2		onnected with 2(b) (attach sch		ome
(1)										
(2)										-
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of column here and on page 1, Part I, line 6, colu	` ,	,				(b) Total deducti Enter here and of Part I, line 6, colu	n page 1			
Schedule E - Unrelated Debt-I			e instructions	s)						
1. Description of debt-finar	acad property	,	2. Gross inco		3. De	ductions directly co debt-finar			ole to	
i. Description of debt-finar	iced property		allocable to d		(a) Straight	line depreciation	((b) Other dedu	ictions	

Scriedule L - Officialed D	ebt-i manced income (s	, , , , , , , , , , , , , , , , , , ,	3. Deductions directly co	onnected with or allocable to		
1. Description of del	ht financed property	2. Gross income from or allocable to debt-financed	debt-financed property			
1. Description of del	2000. p. 10. 0. 200		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Total dividends-received deduct	tions included in column 8					

Form **990-T** (2018)

Form 990-T (2018) Page 4

(1) (losa) (see instructions) payments made organization's gross income in column 5 (1) (2) (3) (4) (4) (5) (see instructions) (losa) (see instructions) (see	Schedule F—Interest, Annu	uities, Royalties	, and Rer	nts Fro	om Contro	lled Or	ganizati	ons (see	e instruction	ons)	raye -
Comparization Comparizatio			Exe	mpt Co	ontrolled Org	ganizatio	ons	•			
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income (ites) (see instructions) (it			- I			I		included	in the contr	olling	connected with income
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income (ites) (see instructions) (it	(1)										
Section Sect											
Shedule Exported Exempt Activity Income 1. Description of exploited activity Income 2. Amount of income 2. Amount of income 3. Description of exploited activity Income 2. Amount of income 3. Description of exploited activity Income 2. Amount of income 3. Description of exploited activity I											
Nonexempt Controlled Organizations S. Net unrelated income S. Net unrelated included in this controlling contended with income income S. Net unrelated with income S. Net unrelated view income S. Net											
7. Taxable Income (loss) (see instructions) 8. Net unrelated income (loss) (see instructions) (1) (2) (3) (4) Add columns 5 and 10. Enter here and on page 1. Part I, line 9, column (8) 7. Totals Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income directly connected with schedule) (3) (4) Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Closs unrelated business income business income business income business income or page 1. Part I, line 9, column (8) Column (9) Totals 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Equations of the column (8) For (1) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (3) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (4) Enter here and on page 1. Part I, line 9, column (8) For (2) (4) Enter here and on page 1. Part I, line 9, column (8) F		zations				1					
3 3 4 4 5 5 6 6 6 6 6 6 6 6		8. Net unrelated in			•		include	ed in the co	ntrolling		nected with income in
3 Aud columns 5 and 11 Enter here and on page 1, Part 1, line 8, column (A). Part 1, line 8, column (A). Part 1, line 8, column (B). Part 1, line 9, column (B). Part 1, lin	(1)										
Add solumns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Totals Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Enter here and on page 1, Part I, line 9, column (A). Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Incelling Common (A). Totals 1. Description of exploited activity Incelling Common (A). Totals 1. Description of exploited activity Incelling Common (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses connected with productions of business moone for the season of	(2)										
Add columns 6 and 10. Enter here and on page 1, Part I, line 8, column (8). Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 8, column (8). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross 3. Expenses 4. Net income (use) 2. Gross income 3. Direct 2. Gross income 2. Gross income 3. Direct 4. Advertising 5. Gross income 5. Gross income 6. Expenses 6. Readenship Costs 7. Excess exeedptering costs (column 6. To	(3)										
Totals Schedule G-Investment Income of a Section 501(c)(7), 9, or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Description of income 2. Amount of income 3. Description of income 3. Enter here and on page 1, Part I, line 9, column (A). Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Included business 2. Gross Included business income Included business income Included business income Included business income Included Basis 1. Name of periodical 2. Gross Included Basis 3. Direct Inter here and on page 1, Part I, line 9, column (B) 4. Net income (load) Included Basis 5. Gross income Included Basis 6. Dependent of the following business income Included Basis 7. Excess exempt expenses of column 5 and on page 1, Part I, line 10, col. (B). Schedule J - Advertising Income (see instructions) 8. Advertising Income (see instructions) 7. Excess exempt expenses of column 6 and on page 1, Part I, line 10, col. (B). Schedule J - Advertising Income (see instructions) 8. Cross income of business income In page 1, Part I, line 10, col. (B). Schedule J - Advertising Income (see instructions) 8. Net income (load for business income of business income	(4)										
1. Description of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Setasticies (attach schedule) 5. Total deductions and set-assisted (cult and plus cod. 4) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals	Totals		tion 501	(c)(7).	(9). or (17	►	Enter I	nere and on , line 8, colu	page 1, mn (A).	Ent	er here and on page 1,
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income from activity that promote than column 3. If a gain, compute cols. 5 through 7. 1. Description of exploited activity 1. Description of exploited activity 2. Gross unrelated business income from activity that promote than column 4. 2. Gross activities activ					Deductiondirectly cor	ctions nnected		4. Se	t-asides		and set-asides (col. 3
(3) (4) Enter here and on page 1. Part I, line 9, column (A). Totals	(1)										
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Totals	(4)										
Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income business i											Enter here and on page 1 Part I, line 9, column (B).
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1. Description of exploited activity broduction of from trade or business income from activity that is not unrelated business income from activity in activity in the production of participation and it is not unrelated business income from	Schedule I-Exploited Exe	empt Activity Inc	come, Ot	her Th	nan Adverti	ising Ir	ncome (s	see instru	ictions)		
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals Totals Schedule J – Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (sol. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)	1. Description of exploited activity	unrelated business income from trade or	direct connecte producti unrelat	ly d with on of ted	from unrelate or business 2 minus col	ted tradé (column lumn 3). ompute	from ac	tivity that Inrelated	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (A). Totals Totals Schedule J – Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (sol. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)	(1)										
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Enter here and on page 1, Part I, line 10, col. (A). Totals											
Schedule J – Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income inc		page 1, Part I,	page 1, F	Part I,					1		on page 1,
Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)		ncome (see instri	uctions)								
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4).				onso	lidated Bas	sis					
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(2) (3) (4)	1. Name of periodical	advertising			gain or (los 2 minus co a gain, co	ss) (col. ol. 3). If mpute	1		1		costs (column 6 minus column 5, but not more than
(2) (3) (4)	(1)										
(4)											
(4)											
Totals (carry to Part II, line (5)) ▶											
	Totals (carry to Part II, line (5))										

Form 990-T (2018) Page **5**

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)COUNCIL COMMUNICATOR	29,118.	29,688.	-570.		75,903.	
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	29,118.	29,688.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning _______, 2018, and ending ______, 20

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization SOURCEPOINT

 $\begin{array}{l} \textbf{Employer identification number} \\ 31 - 1354284 \end{array}$

Unrelated business activity code (see instructions) ▶ 722210

Describe the unrelated trade or business ▶ CATERING

Pai	art I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1 a	Gross receipts or sales						
b	Less returns and allowances C Balance	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule) ATCH 2	12	40,431.			40,431.	
13	Total. Combine lines 3 through 12	13	40,431.			40,431.	
Par	deductions must be directly connected with the ur	relat	ed business income.)		ı		
14	Compensation of officers, directors, and trustees (Schedule K)				14	13,088.	
15	Salaries and wages				15	13,000.	
16	Repairs and maintenance				16		
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses				19		
20	Charitable contributions (See instructions for limitation rules)				20		
21	Depreciation (attach Form 4562)						
22	Less depreciation claimed on Schedule A and elsewhere on re				22b		
23 24	Depletion				23		
25	Contributions to deferred compensation plans Employee benefit programs				24		
26	Excess exempt expenses (Schedule I)				25		
					26		
27 28	Excess readership costs (Schedule J)				27	24,758.	
20 29	Total deductions. Add lines 14 through 28				28	37,846.	
30	Unrelated business taxable income before net operating				30	2,585.	
31	Deduction for net operating loss arising in tax years				30	2,303.	
J 1	instructions)	_	-		24		
32	Unrelated business taxable income. Subtract line 31 from line				31 32	2,585.	
<u></u>	Cinciated business taxable income. Subtract line 31 Hom line				JZ	_,	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T: PART III - LINE 35 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS		LOSS CLAIMED IN CURRENT YEAR
12/31/1998 12/31/1999 12/31/2000 12/31/2001 12/31/2002 12/31/2003 12/31/2004 12/31/2005 12/31/2006 12/31/2007 12/31/2008 12/31/2009 12/31/2010 12/31/2011 12/31/2011 12/31/2013 12/31/2014 12/31/2015 12/31/2016	3,343. 6,087. 3,509. 1,008.	325. 2,810. 1,008.	
12/31/2017 TOTAL:	13,947.	4,143.	
		PRIOR YEARS	2,585.

ATTACHMENT 1 0362HQ K369 161700

ATTACHMENT	2.

SCHEDULE M - LINE 12 - OTHER INCOME

CATERING 40,431.

LINE 12 - OTHER INCOME 40,431.

0362HQ K369 161700

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PAYROLL TAXES AND FRINGE BENEFITS	5,139.
KITCHEN SUPPLIES	10,557.
OPERATING SERVICE FEES	1,355.
UTILITIES	2,723.
	•
DEPRECIATION AND AMORTIZATION	1,063.
PROFESSIONAL FEES	40.
GENERAL SUPPLIES	122.
MAINTENANCE AND REPAIR	476.
EQUIPMENT, FURNITURE, RENTAL	87.
PRINTING	78.
TRAVEL	12.
INSURANCE	154.
TELEPHONE	115.
POSTAGE	49.
OTHER	2,788.
PART II - LINE 28 - OTHER DEDUCTIONS	24,758.

0362HQ K369 161700