Ms. Kimberly Clewell SourcePoint 800 Cheshire Road Delaware, OH 43015

Dear Kimberly:

Enclosed are the following income tax returns prepared on behalf of SourcePoint for the year ended December 31, 2019.

2019 990-T - Exempt Organization Business Income Tax Return 2019 990 - Return of Organization Exempt from Income Tax 2019 8879-EO - IRS E-file Signature Authorization Form 2019 Ohio Annual Financial Report Filing Instructions

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

A copy of Form 990 must be made available for public inspection for a three year period beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. We have enclosed a public inspection copy of your organization's return which can be utilized for public inspection requests.

In order to serve you better, copies of your returns will be available through our client portal. See instruction card titled "Your Tax Return Copies" included in this package.

Very truly yours,

David M Reape, CPA Principal

SourcePoint Instructions for Filing Form 990-T

990-T - Exempt Organization Business Income Tax Return For the year ended December 31, 2019

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by November 16, 2020 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

No estimated tax payments for 2020 will be required, nor will you be subject to underpayment penalties because you have no 2019 tax liability.

SourcePoint Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

HW&CO 23240 Chagrin Blvd., Suite 700 Cleveland OH 44122-5450

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 16, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

_		
2019	and ending	20

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization ▶ Go to www.irs.gov/Form8879EO for the latest information.

SOURCEPOINT Name and title of officer

0

31-1354284

Employer identification number

ROGER LOSSING, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	11417092
2a	Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

fficer's PIN: check one box only			_				_
X I authorize HW&CO		to enter my PIN	2	3	2	4 0	as my signature
	ERO firm name		Ente	r five	e nur	nbers, b all zeros	out
•	ar 2019 electronically filed return. If I						•

being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2 2 4 3 4 1 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date >

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Date >

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning	, 2019	, and end	ling	_	,	20	
ь.			C Name of organization				D Employer iden	itification nu	mber	
В	heck if a	pplicable:	SOURCEPOINT				31-1354	1284		
	Addre		Doing business as				1			
	Name	e change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/su	ite	E Telephone nur	nber		
	Initia	l return	800 CHESHIRE ROAD				(740) 363	3-6677		
		return/ nated	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amer	nded	DELAWARE, OH 43015				G Gross receipts	\$ 1	1,439,	589.
		cation	F Name and address of principal officer:	FARA WAUGH			H(a) Is this a grou	p return for	Yes	X No
	pond	9	800 CHESHIRE ROAD, DEI	LAWARE, OH 43015			H(b) Are all subordi		Yes	No
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	527	If "No," atta	ach a list. (see i	instructions)	
J	Websi	ite: 🕨	WWW.MYSOURCEPOINT.ORG	, , , , , , , , , , , , , , , , , , , ,			H(c) Group exemp	otion number	>	
K	Form	of organ	nization: X Corporation Trust	Association Other ►	L Ye	ar of forma	tion: 1992 M s	State of legal	domicile:	ОН
P	art I	Su	ımmary				<u> </u>			
		Briefly	y describe the organization's mission or	r most significant activities: THE M	ISSION	OF SC	URCEPOINT	IS TO	HELP	
ø			COMMUNITY SET A COURSE			7				
anc					4					
ern	2	Check	this box if the organization di	iscontinued its operations or dispos	ed of more	than 25%	6 of its net assets			
Activities & Governance	3		per of voting members of the governing	•			i	3		19.
જ	4		per of independent voting members of the					4		19.
ties	5		number of individuals employed in cale					5		116.
Ę	6		number of volunteers (estimate if necess					6		710.
Ac	7a	Total	unrelated business revenue from Part VI	III column (C) line 12				7a	71,	238.
			nrelated business taxable income from F					7b		
			The state of the s	3 333 1,333 <u>1, 1111</u>			Prior Year		urrent Ye	ar
_	8	Contri	ibutions and grants (Part VIII, line 1h))		9,268,72		0,141,	
nue	9		am service revenue (Part VIII, line 2g)				905,86		994,	
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3 4 and 7d)		* *	210,09		219,	
ď	11		revenue (Part VIII, column (A), lines 5,				69,54			216.
	12		revenue - add lines 8 through 11 (must				10,454,23		1,417,	
	13		s and similar amounts paid (Part IX, colu				613,50			819.
	14		its paid to or for members (Part IX, colur					0.		0.
"	15		es, other compensation, employee bene				4,790,99	6.	5,106,	239.
Expenses			ssional fundraising fees (Part IX, column					0.		0.
be			fundraising expenses (Part IX, column (I							
ñ			expenses (Part IX, column (A), lines 11a				4,936,23	5.	5,442,	825.
			expenses. Add lines 13-17 (must equal				10,340,73		1,151,	
	19		nue less expenses. Subtract line 18 from				113,49		265,	209.
or			- A COLOR OF THE C				nning of Current Y		End of Year	
ets	20	Total a	assets (Part X, line 16)				10,377,39	7. 1	1,286,	955.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			* *	648,96		839,	
Net En	22		ssets or fund balances. Subtract line 21				9,728,42	8. 10	0,447,	621.
	rt II		gnature Block							
Un	der pe	nalties o	of perjury, I declare that I have examined thi	is return, including accompanying sched	lules and st	tatements,	and to the best of	my knowled	lge and bel	lief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich prepare	er has any k	nowledge.			
Sig		Ē	Signature of officer				Date			
He	re									
		T	Type or print name and title							
_		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN		
Paid		DAV	ID M REAPE, CPA				self-employe		006811	7
	parer	Firm's	s name ►HW&CO	1	1		Firm's EIN ▶ 3	4-16631	57	
Use	Only		s address >23240 CHAGRIN BLVD., SUIT	E 700 CLEVELAND, OH 44122-5450				16-831-		
Ma	y the		iscuss this return with the preparer)				Yes	No
_			Reduction Act Notice, see the separate	·			<u>-</u>		orm 990	

Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	THE MISSION OF SOURCEPOINT IS TO HELP OUR COMMUNITY SET A COURSE TO	
	LIVE WELL AFTER 55.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2		No
	If "Yes," describe these new services on Schedule O.	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5,116,560. including grants of \$) (Revenue \$549,299.)	
	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	
	2019, WE SERVED 1,947 DELAWARE COUNTY ADULTS AGES 55 AND OLDER	
	WITH IN-HOME CARE SERVICES.	
	(0.1	
4b	(Code:) (Expenses \$2,532,112, including grants of \$602,819.) (Revenue \$355,264.)	
	ATTACHMENT 1	
<u></u>	: (Code:) (Expenses \$ 1,825,883. including grants of \$) (Revenue \$ 89,367.)	
	SOURCEPOINT'S "NUTRITION PROGRAM" PROVIDES HEALTHY OPTIONS FOR	
	DELAWARE COUNTY RESIDENTS, INCLUDING MEALS ON WHEELS IN DELAWARE	
	COUNTY, COMMUNITY CAFES OR SOCIAL DINING CENTERS IN ASHLEY,	
	DELAWARE, AND SUNBURY, AND FARMERS MARKET VOUCHERS FOR FRESH FOODS	
	FROM PARTICIPATING MARKETS IN DELAWARE, GALENA, POWELL,	
	SUNBURY, AND WESTERVILLE. IN 2019, OUR MEALS ON WHEELS PROGRAM	
	SERVED 238,360 MEALS.	
4d	I Other program services (Describe on Schedule O.) ATTACHMENT 2	
. •	(Expenses \$ 516,108. including grants of \$) (Revenue \$ 102.)	
4e	• Total program service expenses ▶ 9,990,663.	

4e Total program service expenses ▶ 9,990,663.

JSA
9E1020 2.000
0 362HQ K369

Form 990 (2019)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		110	Х	
h	complete Schedule D, Part VI	11a	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	21	

Form 9	90 (2019)		F	Page 4
Part	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			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
24.5	employees? If "Yes," complete Schedule J	23	71	
24 a	\$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
h	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	202		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	 • • • • • • • • • • • • • • • • • • •		
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		· v	
Doré	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if Schedule O contains a response of flote to any line in this Part V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) Page 5

Par	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 116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 on 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,			
7 U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		Х
	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		
ъa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	Х	
_	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	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
_	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
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		Λ
_	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) Page **6**

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

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

In the number of voting members of the governing body at the end of the tax year	re governing body at the end of the tax year	If there are material differences in voting rights among if the governing body delegated broad authority to committee, explain on Schedule O. Enter the number of voting members included on line 1a Did any officer, director, trustee, or key employee have any other officer, director, trustee, or key employee? Did the organization delegate control over managemer supervision of officers, directors, trustees, or key employed Did the organization make any significant changes to its govern Did the organization become aware during the year of a Did the organization have members or stockholders? Did the organization have members, stockholders, or cone or more members of the governing body? Are any governance decisions of the organization stockholders, or persons other than the governing body? Did the organization contemporaneously document the the year by the following: The governing body?
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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization tontemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? B Each committee with authority to act on behalf of the governing body? B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) To be service in Schedule O the process, if any used by the organization to review this Form 990. Did the organization have a written whistleholover policy? If "No," go to line 13. Did the organizatio	ges to its governing documents since the prior Form 990 was filed? The year of a significant diversion of the organization's assets? Scholders, or other persons who had the power to elect or appoint dy? Organization reserved to (or subject to approval by) members, verning body? The year of the governing body before filing the form? The year of the governing the activities of such chapters, we are the year of the governing body before filing the form? The year of the governing the governing body before filing the form? The year of the governing the governing body before filing the form? The year of the governing the governing body before filing the form? The year of a significant diversion of the governing body before filing the form? The year of a significant diversion of the governing body before filing the form? The year of a significant diversion of the governing body before filing the form? The year of a significant diversion of the governing body before filing the form? The year of a significant diversion of the governing	If there are material differences in voting rights among if the governing body delegated broad authority to committee, explain on Schedule O. Enter the number of voting members included on line 1a Did any officer, director, trustee, or key employee have any other officer, director, trustee, or key employee? Did the organization delegate control over managemer supervision of officers, directors, trustees, or key employed Did the organization make any significant changes to its govern Did the organization become aware during the year of a Did the organization have members or stockholders? Did the organization have members, stockholders, or cone or more members of the governing body? Are any governance decisions of the organization stockholders, or persons other than the governing body? Did the organization contemporaneously document the the year by the following: The governing body?
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the year by the following: a The governing body?. b Each committee with authority to act on behalf of the governing body?. 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 10 Did the organization have a written whistleblower policy? 11 Did the organization have a written document retention and destruction policy? 12 Did the organization have a written document retention and destruction of the deliberation and decision?	ehalf of the governing body?. ey employee listed in Part VII, Section A, who cannot be reached at "provide the names and addresses on Schedule O." sinformation about policies not required by the Internal Revenue Code.) Tyes No pranches, or affiliates? no policies and procedures governing the activities of such chapters, arations are consistent with the organization's exempt purposes? of this Form 990 to all members of its governing body before filling the form? y, used by the organization to review this Form 990. to of interest policy? If "No," go to line 13 key employees required to disclose annually interests that could give	the year by the following: The governing body?
a The governing body?. b Each committee with authority to act on behalf of the governing body?. 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12b X 13 Did the organization have a written whistleblower policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ehalf of the governing body?. ey employee listed in Part VII, Section A, who cannot be reached at "provide the names and addresses on Schedule O." sinformation about policies not required by the Internal Revenue Code.) The policies and procedures governing the activities of such chapters, arations are consistent with the organization's exempt purposes? of this Form 990 to all members of its governing body before filling the form? by, used by the organization to review this Form 990. to of interest policy? If "No," go to line 13 key employees required to disclose annually interests that could give	The governing body?
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9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ey employee listed in Part VII, Section A, who cannot be reached at "" provide the names and addresses on Schedule O	Each committee with authority to act on behalf of the do
the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	y, used by the organization to review this Form 990. to finterest policy? If "No," go to line 13	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No. 10a Did the organization have local chapters, branches, or affiliates?	rations are consistent with the organization's exempt purposes?	
10a Did the organization have local chapters, branches, or affiliates?	pranches, or affiliates?	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	n policies and procedures governing the activities of such chapters, prations are consistent with the organization's exempt purposes?	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	n policies and procedures governing the activities of such chapters, reations are consistent with the organization's exempt purposes?	Did the organization have local chanters, branches, or aff
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	rations are consistent with the organization's exempt purposes?	-
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	y, used by the organization to review this Form 990. t of interest policy? If "No," go to line 13	
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	t of interest policy? If "No," go to line 13	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	key employees required to disclose annually interests that could give	
rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	· · · · · · · · · · · · · · · · · · ·	,
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
describe in Schedule O how this was done		
Did the organization have a written whisteblower policy? 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 and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12c X	
Did the organization have a written document retention and destruction policy?	iolower policy:	Did the organization have a written whistleblower policy?
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
	nsation of the following persons include a review and approval by	Did the process for determining compensation of the
a The organization's CEO, Executive Director, or top management official	and contemporaneous substantiation of the deliberation and decision?	independent persons, comparability data, and contempor
, i J	or, or top management official	a The organization's CEO, Executive Director, or top mana
b Other officers or key employees of the organization	anization	Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		Did the organization invest in contribute assets to ar
with a taxable entity during the year: 111111111111111111111111111111111111		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		with a taxable entity during the year?
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		with a taxable entity during the year? If "Yes," did the organization follow a written policy o
organization's exempt status with respect to such arrangements?	to such anangements?	with a taxable entity during the year? If "Yes," did the organization follow a written policy o participation in joint venture arrangements under applie
	000: U I I I OH	with a taxable entity during the year?
	orm 990 is required to be filed ► <u>□□□</u>	with a taxable entity during the year?
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		with a taxable entity during the year?
		with a taxable entity during the year?
of the locality of our or other control of	dicate how you made these available. Check all that apply.	with a taxable entity during the year?
10. Describe on Schodule O whether (and if so how) the agreements made its reversing desuments as with a finishment	dicate how you made these available. Check all that apply. Site X Upon request Other (explain on Schedule O)	with a taxable entity during the year?
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli and financial statements available to the public during the tax year.	dicate how you made these available. Check all that apply. Site X Upon request Other (explain on Schedule O) so, how) the organization made its governing documents, conflict of interest policy,	with a taxable entity during the year?

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

JSA Form 990 (2019)

0362HQ K369

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

Check this box if neither the organization nor	any related	orga	niza	tion	COI	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	more erson	e than c is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)ROBERT HORROCKS EXECUTIVE DIRECTOR THRU 6/19	40.00			X				128,538.	0.	43,560
(2) FARA WAUGH	40.00			T						
EXECUTIVE DIRECTOR FROM 7/19	0.			X				116,830.	0.	27,521
(3)KIMBERLY CLEWELL	40.00									
DIRECTOR OF OPERATIONS	0.			Х				91,248.	0.	37,980
(4) ROGER VAN SICKLE	1.00									
DIRECTOR	0.	Х						0.	0.	C
(5) CAROLYN SLONE	1.00									
DIRECTOR	0.	Х						0.	0.	C
(6) GERALD BORIN	1.00									
DIRECTOR	0.	Х						0.	0.	C
(7) GRETCHEN ROBERTS	1.00									
DIRECTOR	0.	Х						0.	0.	(
(8) RICHARD ROELL	1.00									
TREASURER	0.	Х		Χ				0.	0.	C
(9) JANE NANCE	1.00									
DIRECTOR	0.	Х						0.	0.	C
(10) CARLOS CRAWFORD	1.00									
DIRECTOR	0.	Х						0.	0.	(
(11) DENISE CAMBIER	1.00									
DIRECTOR	0.	Х						0.	0.	C
(12) JACK FETTE	1.00									
DIRECTOR	0.	Х						0.	0.	С
(13) BECKY CORNETT	1.00									
DIRECTOR	0.	Х						0.	0.	C
(14) KAREN CROSMAN	1.00									
DIRECTOR	0.	Х						0.	0.	C

Form **990** (2019)

JSA

0362HQ K369

Part VII Section A. Officers, Directors	, Trustees, Ke	y En	nplo	yee	es, a	and H	ligł	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average	l , .		Posi				Reportable	Reportable	Estimated
	hours per week (list any	١,				than or is both a		compensation from	compensation from related	amount of other
	hours for			d a di	irecto	or/truste	ee)	the	organizations	compensation
	related	Indi or c	Inst	Officer	Key	Hig	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu direc	藍	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	i al tr	onal		Key employee	con				organizations
		Individual trustee or director	Institutional trustee		ee	nper				
		Ö	stee			Highest compensated employee				
15) JOHN MCDAVID	1.00					۵				
DIRECTOR	0.	Х						0	0.	0
16) TRUDY POOLE	1.00									
DIRECTOR	0.	X						0	0.	0
17) DAVID BLACK	1.00									
DIRECTOR	0.	Х						0	0.	0
18) ANNE FARLEY	1.00									
DIRECTOR	0.	Х						0	0.	0
19) ROGER LOSSING	1.00									
PRESIDENT	0.	Х		Х				0	0.	0
20) KRISTINA CRITES	1.00						,			
DIRECTOR	0.	Х						0	0.	0
21) JANE TAYLOR	2.00				4					
DIRECTOR	0.	Х			\neg			0	0.	0
22) FRANK PINCIOTTI	1.00									
VICE PRESIDENT	0.	X		X				0	0.	0
				M						
				Y						
1b Sub-total							\triangleright	336,616.	0.	109,061.
c Total from continuation sheets to Part V	II, Section A						ightharpoonup	0.	0.	0.
d Total (add lines 1b and 1c)							▶	336,616.	0.	109,061.
2 Total number of individuals (including but reportable compensation from the organizer)			liste 2	d ab	oove	e) who	re	ceived more than	\$100,000 of	
Teportable compensation from the organiz	ation									Yes No
6 Dil II										Yes No
3 Did the organization list any former										3 X
employee on line 1a? If "Yes," complete So										3 X
4 For any individual listed on line 1a, is										
organization and related organizations	-							•		4 X
individual										4 X
5 Did any person listed on line 1a receive for services rendered to the organization?										5 X
Section B. Independent Contractors	rr res, comple	ie SU	ıeau	iie J	101	sucii	pers	oui		JJ
Complete this table for your five highest	compensated i	ndene	ande	nt c	nnti	ractor	re fl	hat received more	than \$100 000 o	.f
compensation from the organization. Rep										
year.	,					, -		<u> </u>	5	

•		
(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

				y line in this Part V	(B)	(C)	
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
2 1	а	Federated campaigns 1a	15,439.				
	b	Membership dues 1b					
	С	Fundraising events 1c	43,772.				
	d	Related organizations 1d					
	е	Government grants (contributions) . 1e	9,749,106.				
5		All other contributions, gifts, grants,					
5		and similar amounts not included above . 1f	333,425.				
3	g	Noncash contributions included in					
2	_	lines 1a-1f	\$				
3	h	Total. Add lines 1a-1f		10,141,742.			
			Business Code				
,	a	SERVICE FEES	900099	967,452.	967,452.		
.	b	OTHER PROGRAM REVENUES	900099	26,580.	26,580.		
2							
	۳ C						
[d						
	e	All other programs comics revenue					
		All other program service revenue Total. Add lines 2a-2f		994,032.			
		Investment income (including dividends,		72.77032.1			
3	'	,	′	219,102.			219,10
١.		other similar amounts)		0.			217,10
5		Income from investment of tax-exempt bond		0.			
3	1	Royalties	(ii) Personal	0.			
_			(II) I CISOIIdi				
	a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
7	a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
		and sales expenses 7b					
	С	Gain or (loss) 7c					
	d	Net gain or (loss)	▶	0.			
8	а	Gross income from fundraising					
		events (not including \$43,772.					
		of contributions reported on line					
		1c). See Part IV, line 18	13,475.				
	b	Less: direct expenses 8b	22,497.				
		Net income or (loss) from fundraising events.		-9,022.			-9,02
9	а	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
		Net income or (loss) from gaming activities		0.			
10		Gross sales of inventory, less			_		
'		returns and allowances	0.				
		Less: cost of goods sold	0.				
- 1	C	Net income or (loss) from sales of inventory		0.			
\top		, ,	Business Code				
144	_	AD REVENUE	511120	31,605.		31,605.	
11:		CATERING REVENUE	722320	39,633.		39,633.	
2	b			22,000.		22,033.	
	Υ C	All other revenue					
		All other revenue		71,238.			
12		Total. Add lines 11a-11d			004 030	71 020	210 000
14		I OLAH TEVELINE. OCC III SU UCUONS		11,417,092.	994,032.	71,238.	210,080
)51 2.0							Form 990 (201

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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> </u>			(B)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations	602,819.	602,819.			
	and domestic governments. See Part IV, line 21	002,019.	002,013.			
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	445,677.		445,677.		
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.	2 100 525	005 541		
7	Other salaries and wages	3,494,680.	3,120,737.	295,741.	78,202.	
8	Pension plan accruals and contributions (include	016 207	211 010		E 000	
	section 401(k) and 403(b) employer contributions)	216,307. 649,193.	211,019. 582,798.	51,791.	5,288.	
9	Other employee benefits	300,382.	244,673.	49,578.	6,131.	
10	Payroll taxes	300,362.	244,073.	49,370.	0,131.	
	Fees for services (nonemployees):	0.				
	Management	0.				
	Legal	0.				
	Accounting	0.				
	Lobbying Professional fundraising services. See Part IV, line 17	0.				
	Investment management fees	18,531.		18,531.		
	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.).	3,440,471.	3,414,813.	25,239.	419.	
12	Advertising and promotion	38,555.	29,031.	9,098.	426.	
13	Office expenses	134,133.	118,454.	9,985.	5,694.	
14	Information technology	114,230.	96,657.	15,888.	1,685.	
15	Royalties	0.				
16	Occupancy	398,920.	379,804.	18,849.	267.	
17	Travel	55,869.	42,943.	12,077.	849.	
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 Depreciation, depletion, and amortization	191,182.	173,519.	14,769.	2,894.	
22 23		50,573.	43,305.	6,411.	857.	
24	Insurance Other expenses. Itemize expenses not covered	33,73.33		7,		
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
а	RAW FOOD/KITCHEN	671,680.	671,680.			
b	OPERATING SERVICE FEES	171,200.	144,863.	23,812.	2,525.	
c	SUPPLIES	111,657.	77,774.	12,094.	21,789.	
d	TRAINING FEES	12,777.	8,446.	4,153.	178.	
е	All other expenses	33,047.	27,328.	5,224.	495.	
_	Total functional expenses. Add lines 1 through 24e	11,151,883.	9,990,663.	1,018,917.	142,303.	
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.			Form 990 (2010)	

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,956,767.	1	1,733,870.
	2	Savings and temporary cash investments	742,646.	2	901,087.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	123,595.	4	153,799.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	61,868.	8	62,079.
As	9	Prepaid expenses and deferred charges	72,271.	9	59,456.
	-	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,114,581.			
	b	Less: accumulated depreciation	1,184,577.	10c	1,473,509.
	11	Investments - publicly traded securities	6,196,368.	11	6,859,840.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	39,305.	15	43,315.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10,377,397.	16	11,286,955.
	17	Accounts payable and accrued expenses	591,667.	17	735,418.
	18		13,432.	18	69,867.
	19	Grants payable	43,870.	19	34,049.
	20		0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,	<u> </u>	21	<u> </u>
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons	0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	23 24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	0.	24	· ·
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	648,969.	26	839,334.
	20	Organizations that follow FASB ASC 958, check here	01073031	20	037/331.
ces		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	8,929,842.	27	10,415,693.
Bal	28	Net assets with donor restrictions.	798,586.	28	31,928.
pu	20	Organizations that do not follow FASB ASC 958, check here ▶	750,500.	20	31,720.
r Fund Balances		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
šeti	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net /	32	Total net assets or fund balances	9,728,428.	32	10,447,621.
Ž	33	Total liabilities and net assets/fund balances	10,377,397.	33	11,286,955.
_					Form 990 (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,1	51,8	83.
3	Revenue less expenses. Subtract line 2 from line 1	3		2	65,2	209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,7	28,4	28.
5	Net unrealized gains (losses) on investments	5		4	53,9	84.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		10,4	47,6	21.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n 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 com	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex	φlain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits		3b	222	
				Form	990 ((2019)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOURCEPOINT

Employer identification number

31-1354284

Pa	rt I	Reason for Public Cha	rity Status (All c	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 associa	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)	170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	spital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st								
5		An organization operated		a college or universit	ty owner	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local go	_							
7	X	An organization that norma	•	•	ipport fr	om a go	vernmental unit or fro	om the general public		
_		described in section 170(b)		·	5 (11)					
8		A community trust describe	-		-		1. 1	land mank as the ma		
9		An agricultural research org	=				=			
		or university or a non-land-	grant college of ag	griculture (see instruct	lions). E	nter the	name, city, and state o	r the college or		
40		university: An organization that norma	Illy receives (4) m	are then 224 of its	a vinn a ri	from co	ntributions manabarah	sin food and areas		
10		receipts from activities rela	ted to its exempt f	functions - subject to	certain e	exception	is, and (2) no more tha	n 331/3% of its		
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses		
11		acquired by the organization An organization organized								
12		An organization organized	•		_			carry out the nurnoses		
		of one or more publicly su						•		
		Check the box in lines 12a t								
а	Г	Type I. A supporting orga	=					=		
_		the supported organization								
		supporting organization. \				,				
b		Type II. A supporting org				with its	supported organization	on(s), by having		
		control or management of								
		organization(s). You must	complete Part IV	, Sections A and C.		-		-		
С		Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,		
	_	its supported organization	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.			
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)		
		that is not functionally into	-		_		•	d an attentiveness		
	_	requirement (see instruct		-						
е	L	Check this box if the orga	*					I, Type III		
		functionally integrated, or			-	-	tion.			
ī		iter the number of supported ovide the following information								
9		ovide the following information	(ii) EIN			i4i	(v) Amount of monetary	(vi) Amount of		
	(1)	rame of supported organization	(11) = 11	(iii) Type of organization (described on lines 1-10		organization ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(D)										
(B)										
(0)										
(C)										
(D)										
(D)										
(F)										
(E)										
Tot	al									
. 01	a I						1	l .		

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	817,711.	846,864.	810,513.	1,854,443.	1,861,278.	6,190,809.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	7,574,706.	7,939,794.	7,978,104.	7,414,281.	8,280,464.	39,187,349.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	349,594.	328,381.	334,523.	414,404.	373,632.	1,800,534.
4	Total. Add lines 1 through 3	8,742,011.	9,115,039.	9,123,140.	9,683,128.	10,515,374.	47,178,692.
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						47,178,692.
Sec	tion B. Total Support						,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	8,742,011.	9,115,039.	9,123,140.	9,683,128.	10,515,374.	47,178,692.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,743.	100,109.	157,304.	210,097.	219,102.	759,355.
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.) ATCH 1	129,937.	91,450.	108,350.	69,549.	71,238.	470,524.
11	Total support. Add lines 7 through 10.						48,408,571.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	4,182,495.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2019 (lin		•			14	97.46 %
15	Public support percentage from 2018					15	98.75 %
16a	331/3% support test - 2019. If the org	janization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch	
	box and stop here. The organization qu	•	•	•			
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			=			upported
	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						▶ □
18	Private foundation. If the organization						, _
	instructions						▶ □

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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.)

						,	
	tion A. Public Support		#1.0040	() 0047	(1) 00 (0)	() 0040	(O.T.)
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						<u> </u>
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						<u> </u>
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						
h	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
Ü	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			. ,	. ,		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						1
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018					18	%
19 a	331/3% support tests - 2019. If the or					ore than 331/3 %	, and line
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization of	lid not check a	box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

Schedule A (Form 990 or 990-EZ) 2019 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.)

s

Secti	on A. All Supporting Organizations		\ <u>\</u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a		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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</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? If "Yes," provide detail in Part VI.	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 supporting organizations)? If "Yes," answer 10b below.	10a		

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

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990-EZ) 2019 Page 5

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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	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		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Section	on D. All Type III Supporting Organizations		\ <u>'</u>	
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		Yes	No
	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 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. 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	ınstru		
2	Activities Test. Answer (a) and (b) below.		Yes	INO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	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			
	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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zatioı	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (expla	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
instructions).	•		•

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 0362HQ K369 161700

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
C				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
'	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
e				

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

Schedule A (Form 990 or 990-EZ) 2019

0362HQ K369

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

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

111100 ±, 0, and 0	nace complete a	no part for arry	additional inform						
				<u> </u>	ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL			
AD REVENUE	67,268.	40,436.	65,068.	29,118.	31,605.	233,495.			
AD REVENUE	67,200.	40,436.	65,066.	29,110.	31,005.	233,495.			
CATERING REVENUE	62,669.	51,014.	43,282.	40,431.	39,633.	237,029.			
TOTALS	129,937.	91,450.	108,350.	69,549.	71,238.	470,524.			



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

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

2019

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** 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, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization SOURCEPOINT

Employer identification number 31-1354284

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1_	DELAWARE COUNTY, OHIO 140 NORTH SANDUSKY STREET DELAWARE, OH 43015	\$9,223,064.	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	CENTRAL OHIO AREA AGENCY ON AGING 174 EAST LONG STREET COLUMBUS, OH 43215	\$ 538,026.	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.)					

161700

Name of organization SOURCEPOINT Employer identification number 31-1354284

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$. (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

Employer identification number

				31-1354284	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of t	the year from any one oons completing Part III, ender year. (Enter this information	contributor. Comnter the total of <i>e</i>	pplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ift		
	Transferee's name, address, an			p 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 gi	ift		
	Transferee's name, address, an	nd ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfer of g		p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(a) Transfer of m	-		
	Transferee's name, address, an	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	rax) (see separate in	istructions) or Form 990-1	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
SOU	RCEPOINT			31-1354	4284
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities			▶\$	
2		g organization's funds contributed			
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	rm 1120-POL,	
4		e Form 1120-POL for this year?			
5		and employer identification numb			
		 For each organization listed, en ributions received that were prom 			
		nd or a political action committee (I			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) (11)	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					Hone, enter -o
(1)					
(2)					
(3)					
(4)					
(5)			-		
(0)					
(6)			-		
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

Page 2

Pa		mplete if the org	janizatior	ı is exer	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under	
Α	Check ▶			•	affiliated group (and excess lobbying exp		ach affiliated group men	nber's name,	
В	Check ▶	if the filing organiz	zation chec	ked box	A and "limited contro	ol" provisions app	ly.		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				.)	(a) Filing (b) Affiliated organization's totals group totals			
	a Total lobbyin	g expenditures to i	nfluence p	ublic opin	ion (grassroots lobb	ying)	-		
					e body (direct lobby				
	•	• .		•		· · · · · ·			
	-					_			
					nd 1d)				
			•		from the following	_			
-	columns.								
		on line 1e. column (a) or (b) is: T	he lobbyir	ng nontaxable amount	is:			
	Not over \$500				amount on line 1e.				
	-	0 but not over \$1,000			lus 15% of the excess	over \$500.000.			
		000 but not over \$1,5			lus 10% of the excess				
		000 but not over \$17,			lus 5% of the excess of				
	Over \$17,000			1,000,000					
	g Grassroots r	nontaxable amount	(enter 25%	of line 1f)				
ŀ	h Subtract line	1g from line 1a. If	zero or les	s, enter -0	, 				
							tion file Form 4720		
-						, -		Yes No	
	, ,				raging Period Unde				
	(Some	organizations tha	t made a s	ection 50	01(h) election do no	t have to comple	ete all of the five colur	nns below.	
			See th	e separa	te instructions for	lines 2a through	2f.)		
			Lobby	ing Expe	nditures During 4-Y	ear Averaging Pe	riod		
		ar (or fiscal year ning in)	(a) 2	016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
28	a Lobbying nont	axable amount							
ŀ	Lobbying ceiling (150% of line)	ng amount 2a, column (e))							
_	C Total lobbying	expenditures							
		ontaxable amount							
_	Grassroots ce (150% of line	iling amount 2d, column (e))							
f	Grassroots lol	bbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Fall	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	ı tile	a For	TI 5/6	Ծ		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
а	referendum, through the use of: Volunteers?	Х					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
c	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Λ			1.0	,000
i	Other activities?						,000
j	Total. Add lines 1c through 1i		x				,000
2a b	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d			Х				
Paı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
-	t III-B Complete if the organization is exempt under section 501(c)(4), section 501				_		
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).		•				
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	•	٠ ١	4			
5	and political expenditure next year?			5			
	ravanie amount orionnymy and political expenditules (see mstructions)			9			

SEE PAGE	4				

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1(I)

IN 2019, SOURCEPOINT CONTRIBUTED TO SAVE SENIOR SERVICES, AN INDEPENDENT POLITICAL COMMITTEE AS DEFINED IN IRS SECTION 527 THAT IS RESPONSIBLE FOR ALL ASPECTS OF MANAGING THE SENIOR SERVICES PROPERTY TAX 5-YEAR LEVY CAMPAIGN CYCLE. ALL FUNDS WERE COLLECTED FROM PRIVATE SOURCES, WITH NO DOLLARS PULLED FROM LEVY OR GOVERNMENTAL FUNDING.



SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service 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?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	n of a historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
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	
ŭ	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
•	tax year >	milated by the organization during the
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	
5	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
6	Stair and volunteer nours devoted to monitoring, inspecting, nariding of violations, and emorcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	conservation accoments during the year
7		conservation easements during the year
•		#: 470/h)/4)/D)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
_	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes the
В	organization's accounting for conservation easements.	n Cimilar Assats
Га	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Sillillar Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its reven of art, historical treasures, or other similar assets held for public exhibition, education	ue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes	these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue	
	art, historical treasures, or other similar assets held for public exhibition, education, or re	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1.	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2019 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 make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а 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 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. (b) Prior year (c) Two years back (a) Current year (d) Three years back (e) Four years back Beginning of year balance c Net investment earnings, gains, and losses 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 Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the 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

1,579,588.

1,319,688.

215,305.

631,452

884,287

125,333

Schedule D (Form 990) 2019

948,136.

435,401.

89,972. 1,473,509.

c Leasehold improvements

d Equipment.......

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

Form 990) 2019	Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1) 15 000 D 17 1/D) (1 to)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Ves" on Form 990	Part IV line 11c See Form 990	Part Y line 13
	·			-
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)			·	
(5)				
(6)				
(7)				
(8)				
(9)	(h) revist as vial Forms 000 Part V and (D) line (2)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) . • • • • • • • • • • • • • • • • • •			
Partix	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	· · · · · · · · · · · · · · · · · · ·	scription	, 1 41117, 11110 114. 3331 3111 333,	(b) Book value
(1)	(4) 200	oriphori		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities.		<u> </u>	
	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descript	tion of liability		(b) Book value
	ral income taxes	,		(4) =
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	at reports the
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

JSA
9E1270 1.000
0362HQ K369
161700

Page 4

Schedu	le D (Form 990) 2019		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,875,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		452 004
е	Add lines 2a through 2d	2e	453,984.
3	Subtract line 2e from line 1	3	11,421,058.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 18,531. Other (Describe in Part VIII)		
b	Other (Describe III Fait Alli.)	4.	-3,966.
C	Add lines 4a and 4b	4c 5	11,417,092.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,111,002.
rarı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	II I I.	
1	Total expenses and losses per audited financial statements	1	11,155,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	.	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	- 1	22 407
е	Add lines 2a through 2d	2e	22,497. 11,133,352.
3	Subtract line 2e from line 1	3	11,133,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h. 18,531.		
а	investment expenses not included on Form 350, Fart VIII, III F	-	
b	Other (Describe in Part XIII.)	40	18,531.
C	Add lines 4a and 4b	4c	11,151,883.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	11,131,003.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Schedule D (Form 990) 2019 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 D, PART XI, LINE 4B

TOTAL FUNDRAISING EVENTS EXPENSES \$22,497

SCHEDULE D, PART XII, LINE 2D

TOTAL FUNDRAISING EVENTS EXPENSES \$22,497

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	the organization				Employer Identification	on number			
	CEPOINT				31-1354284				
Part I				Yes" on Form 99	90, Part IV, line 1	7.			
	Form 990-EZ filers are not re								
1 I	ndicate whether the organization rais	=							
а	Mail solicitations	е		non-government g					
b	Internet and email solicitations								
С	Phone solicitations	g	Special fundra	ising events					
d	In-person solicitations								
b 1	Did the organization have a written or for key employees listed in Form 990 f "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connection with	orofessional fundra	ising services?	Yes No fundraiser is to be			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
1			Yes No						
2									
3									
4									
5									
6		4/4							
7									
8									
9									
10									
Total									
	ist all states in which the organiza egistration or licensing.	tion is registered o	or licensed to solicit	contributions or	has been notified	it is exempt from			

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		events with gross receipts gre	ater triair \$5,000.			
			(a) Event #1 FALL FUNDRAISER	(b) Event #2 BOXED LUNCH	(c) Other events	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	30,885.	26,362.		57,247
~	2	Less: Contributions	30,885.	12,887.		43,772
	3	Gross income (line 1 minus line 2)		13,475.		13,475
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		6,540.		6,540
Direc	8	Entertainment				
	9	Other direct expenses	15,857.	100.		15,957
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu ne 10 from line 3. colu	mn (d)		22,497 -9,022
Pa		Gaming. Complete if the org	anization answered "			
		\$15,000 on Form 990-EZ, lin	e 6a.			Т
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes	Y			
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ıbtract line 7 from line	1, column (d)	>	
9 a b		Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a b		Were any of the organization's gamino If "Yes," explain:	g licenses revoked, sus		uring the tax year?	Yes No

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

Open to Public

Inspection

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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SOURCEPOINT						31-135428	34
Part I General Information on Grants and	d Assistanc	е				-	
1 Does the organization maintain records to s	ubstantiate th	e amount of the	grants or assista	nce, the grantees	s' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant			_	_			X Yes No
2 Describe in Part IV the organization's proced					>		
Part II Grants and Other Assistance to D	Omestic Or	nanizations ar	nd Domestic Gov	ernments Com	nlete if the organiz	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient the		_					C5 0111 01111 000,
		1	ı		·		T
(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)	51,000.				PROGRAM ASSISTANCE
(2) CATHOLIC SOCIAL SERVICES							
197 EAST GAY STREET COLUMBUS, OH 43215	34-4379437	501(C)(3)	35,000.				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)	10,000.				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	14,061.				PROGRAM ASSISTANCE
(7) DELAWARE SPEECH & HEARING							
27 WEST CENTRAL AVE DELAWARE, OH 43015	31-0739192	115	83,419.				PROGRAM ASSISTANCE
(8) GRACE CLINIC							
40 S. FRANKLIN STREET DELAWARE, OH 43015	27-0415624	115	29,544.				PROGRAM ASSISTANCE
(9) HELPLINE OF DELAWARE & MORROW COUNTIES, INC							
11 NORTH FRANKLIN DELAWARE, OH 43015	31-0858350	501(C)(3)	81,630.				PROGRAM ASSISTANCE
(10) LUTHERN SOCIAL SERVICES							
500 W. WILSON BRIDGE ROAD STE 245	31-4412586	501(C)(3)	14,652.				PROGRAM ASSISTANCE
(11) OHIOHEALTH FOUNDATION							
561 WEST CENTRAL AVENUE DELAWARE, OH 43015	23-7446919	501(C)(3)	25,804.				PROGRAM ASSISTANCE
(12) OWU LIFE LONG LEARNING							
HAMILTON-WMS CAMPUS CTR. 324	31-4379585	501(C)(3)	8,500.				PROGRAM ASSISTANCE
2 Enter total number of section 501(c)(3) and	government	organizations lis	ted in the line 1 tal	ole		·	•
3 Enter total number of other organizations lis	_	_					

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

Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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

SOURCEPOINT 31-1354284 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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-(g) 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 31-1019655 501(C)(3) 26,029. PROGRAM ASSISTANCE (2) THE LEGAL AID SOCIETY 7,000 142 W. CENTER STREET MARION, OH 43302 31-4416407 501(C)(3) PROGRAM ASSISTANCE (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)14.

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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					

161700

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 PROVIDER

RELATIONS SPECIALIST AND THE QUALITY ASSURANCE ADMINISTRATOR, 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 THEIR GOALS AND

EXPECTED ANNUAL EXPENDITURES. FOLLOW-UP IS DONE WITH INDIVIDUAL AGENCIES

Schedule I (Form 990) (2019)

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.

AS NECESSARY. GRANT RECIPIENTS REQUESTING GREATER THAN \$10,000 ARE

REQUIRED TO SUBMIT, WITH THEIR GRANT APPLICATION, THEIR ANNUAL

INDEPENDENT AUDIT. GRANTS RECEIVING GREATER THAN \$10,000 ARE ALSO

REQUIRED TO SUBMIT THEIR SUBSEQUENT INDEPENDENT AUDIT FOR REVIEW FOR THE

GRANTING PERIOD.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Part I Questions Regarding Compensation

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 Employer identification number SOURCEPOINT 31-1354284

			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 reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2				
	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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	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	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		Х
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			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
٠	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Page 2 Schedule J (Form 990) 2019

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)	124,334.	0.	4,204.	24,290.	19,270.	172,098.	0.
1 EXECUTIVE DIRECTOR THRU 6/19	(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)							
45	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

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 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

2019

Open to Public Inspection

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.

31-1354284

Employer identification number

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 DIRECTORS AND EMPLOYEES MUST DISCLOSE ALL FINANCIAL INTEREST IN ANY PROPERTY WHICH SOURCEPOINT PURCHASES OR HAS A DIRET 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 DIRECTORS 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 DIRECTOR SHOULD BE DISCLOSED TO THE OTHER BOARD DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDUREC OR WHEN THE INTEREST BECOMES A MATTER OF BOARD ACTION. ANY BOARD DIRECTOR 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 THE QUORUM FOR THE MEETING FOR THE PURPOSE OF THE 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 DIRECTORS FROM BRIEFLY STATING HIS/HER

Name of the organization

SOURCEPOINT

31-1354284

POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF THE
OTHER BOARD DIRECTORS, HIS/HER KNOWLEDGE COULD BE OF ASSISTANCE TO THE
DELIBERATION. ALL BOARD DIRECTORS ARE REQUIRED TO COMPLETE THE "CONFLICT
OF INTEREST STATEMENT". THIS POLICY WILL BE REVIEWED BY THE BOARD
ANNUALLY AND ALL DIRECTORS WILL BE REQUIRED TO COMPLETE AND SIGN A
"CONFLICT OF INTEREST STATEMENT" DURING ORIENTATION.

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

THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTERST 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 SEPARATE FROM THE FINANCE

COMMITTEE AND 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 FINANCIAL AUDIT. IN ADDITION

THE AUDIT IS REVIEWED ANNUALLY BY THE AUDITOR OF STATE.

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

ANNUALLY, THE EXECUTIVE COMMITTEE FO 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 INPUT

OF ALL BOARD MEMBERS AND COMPLILES A REPORT WHICH IS PRESENTED TO THE

FULL BOARD. THE COMMITTEE ANNUALLY REVIEWS COMPENSATION DATA FROM

Name of the organization Employer identification number SOURCEPOINT 31-1354284

OUTSIDE SOURCES, SUCH AS NATIONAL DATA FROM GUIDESTART AND STATE DATA FROM THE OHIO ASSOCIATION OF NON-PROFIT ORGANIZATIONS (OANO), AS WELL AS THE OHIO DEPARTMENT OF JOB 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, THE EMPLOYMENT AGREEMENT IS AMENDED ACCORDINGLY AND THE COMPENSATION IS ADJUSTED AS INDICATED FOR THE FOLLOWING YEAR.

ATTACHMENT 1

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

SOURCEPOINT'S "COMMUNITY PROGRAMS" PROVIDE A NUMBER OF ENRICHMENT OPPORTUNITIES BOTH ON-SITE IN OUR ENRICHMENT CENTER, AS WELL AS OFF-SITE THROUGHOUT THE COUNTY AND ONLINE. PROGRAMS OFFERED INCLUDE FITNESS, WELLNESS, ARTS & EDUCATION, AS WELL AS MEDICARE EDUCATION AND INSURANCE COUNSELING, DISEASE MANAGEMENT, AND FAMILY CAREGIVER SUPPORT, INCLUDING ONE-ON-ONE CONSULTATIONS AND SUPPORT GROUPS. IN 2019, 4,476 INDIVIDUALS AGES 55 AND OLDER ENGAGED IN 1,251 UNIQUE COMMUNITY PROGRAMS. IN ADDITION, 363 FAMILY CAREGIVERS RECEIVED SUPPORT, AND OUR INSURANCE SPECIALISTS SAVED COUNTY RESIDENTS MORE THAN \$817,000 IN MEDICARE COSTS WITH THE HELP OF CLASSROOM GUIDANCE AND PLAN COMPARISONS. IN ADDITION TO PROGRAMS WE PROVIDE DIRECTLY, SOURCEPOINT AWARDS GRANTS EACH YEAR TO OTHER DELAWARE COUNTY ORGANIZATIONS THAT PROVIDE SERVICES TO SENIORS.

Name of the organization		Employer identificati	on number
SOURCEPOINT		31-135428	34
		ATTACHMENT	2
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNICATIONS AND OUTREACH		472,559.	
EVENTS SERVICES		43,549.	. 102.

ATTACHMENT 3

516,108.

Page 2

102.

990, PA	ART VII-	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
---------	----------	--------------	----	-------------	------	---------	------	------	-------------

TOTALS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DURALINE 324 WEMER STREET PO BOX 67 LEIPSIC, OH 45856	INCONTINENCE PRODUCT	240,000.
SILVER CROWN SERVICES INC. 3081 TWP ROAD 223 MARENGO, OH 43334	HOMEMAKER SERVICES	281,767.
INTERIM HEALTHCARE OF OHIO 784 MORRISON ROAD GAHANNA, OH 43230	HOMEMAKER/PERSONAL	432,971.
SNOWRIDER DBA, RIGHT AT HOME 8828 COMMERCE LOOP DRIVE COLUMBUS, OH 43240	HOMEMAKER, PERSONAL	364,813.
WILLOWBROOK CHRISTIAN VILLAGE 100 DELAWARE CROSSING WEST DELAWARE, OH 43015	ADULT DAY CARE/HOMEM	250,426.

Form 990-1	- Ex	kempt Organ (and נ			siness Inco der section 6			rn	ОМВ М	No. 1545-0047		
	For cale	ndar year 2019 or other	tax year begin	ning	, 2019, a	and endi	ng , 2	20 .	9	M1Q		
Department of the Treasur					nstructions and th				ک	913		
Internal Revenue Service		not enter SSN number	s on this form a	as it ma	y be made public if y	our orga	anization is a 501(c)(3).	Open to Pt 501(c)(3) C	ublic Inspection for Organizations Only		
A Check box if		Name of organization (Check be	ox if nar	me changed and see in	struction	s.)			cation number		
address chan	ged							(Employees' trust, see instructions.				
B Exempt under section	n	SOURCEPOINT										
X 501(C)(3)	Print	Number, street, and ro	om or suite no. I	lf a P.O	. box, see instructions.			31-13	354284			
408(e) 22	O(e) Type								Unrelated business activity code (See instructions.)			
408A53	0(a)	800 CHESHIR	E ROAD					(366 1118	structions.)			
529(a)		City or town, state or p	province, countr	y, and Z	ZIP or foreign postal coo	de						
C Book value of all ass at end of year	ets	DELAWARE, O	н 43015					51112	20			
·		oup exemption numbe	`					_				
11,286,95	•	eck organization type			·	501(c) trust	401(a)	trust	Other trust		
		anization's unrelated tra	ades or busine	esses.	≥ 2		Describe	e the only	(or first) ur	related		
trade or business	here ADV	JERTISING			If on	nly one,	complete Parts I	-V. If more	than one,	describe the		
first in the blank	space at the	e end of the previous	sentence, co	mplete	Parts I and II, comp	olete a S	chedule M for ea	ch addition	al			
trade or business												
		corporation a subsidi	-	_		sidiary o	controlled group?		▶∟	Yes X No		
		identifying number of		rporation		Δ						
		IMBERLY CLEWE					e number ► 74					
		or Business Inco	me	1	(A) Income	!	(B) Exper	ises		(C) Net		
b Less returns and a			_			_	·					
~	•	lule A, line 7)		2								
		2 from line 1c		3								
		attach Schedule D)		4a								
- ,	, .	Part II, line 17) (attach I		4b								
		trusts		4c								
		or an S corporation (attach sta										
		(0.1.1.5)		6								
		ncome (Schedule E)		7								
		ents from a controlled organiz										
		01(c)(7), (9), or (17) organiza										
		ncome (Schedule I) dule J)		10	31	605.	20	9,172.		2,433		
		ctions; attach schedule			31,	003.	2.	,, 1, 2,				
		ough 12			31.	605.	20	7,172.		2,433		
Part II Deduc	tions Not	Taken Elsewhere he unrelated busi	(See inst	ructio	ons for limitation	ns on c	leductions.) (Deductio	ns must			
		directors, and trustees										
								l l				
		(see instructions)										
		(see instructions)										
								19				
		i 4562) I on Schedule A and e						241				
		on Schedule A and e						21b				
		compensation plans										
		s										
Filibiolee nei	program	~						24				

Excess exempt expenses (Schedule I)

Total deductions. Add lines 14 through 27.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Excess readership costs (Schedule J)

Other deductions (attach schedule)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Form **990-T** (2019)

2,433.

2,433.

25

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orm 990-T (2019)) Page

	990-1 (2	,					raye 2
	t III	Total Unrelated Business Taxable					
32		of unrelated business taxable income con	•	,			
		tions)					
33		ts paid for disallowed fringes					
34		able contributions (see instructions for limitation					
35		unrelated business taxable income before					0
		n the sum of lines 32 and 33					0.
36	Deduct	tion for net operating loss arising in	tax years beginning before Ja	nuary 1, 2018 (se	e		
	instruc	tions)			. 36		
37	Total o	f unrelated business taxable income before spe	ecific deduction. Subtract line 36 from	ı line 35	. 37		
38	Specifi	c deduction (Generally \$1,000, but see line 38	instructions for exceptions)		. 38	1	,000.
39	Unrela	ted business taxable income. Subtract line	38 from line 37. If line 38 is	greater than line 37	7,		
	enter th	ne smaller of zero or line 37			. 39		0.
Par	t IV	Tax Computation					
40	Organi	zations Taxable as Corporations. Multiply line 3	39 by 21% (0.21)		▶ 40		
41	Trusts	Taxable at Trust Rates. See ins	tructions for tax computation	n. Income tax o	n		
	the am	ount on line 39 from: Tax rate schedule o	Schedule D (Form 1041).		▶ 41		
42	Proxy t	tax. See instructions			▶ 42		
43		ative minimum tax (trusts only)					
14		Noncompliant Facility Income. See instructions					
45		Add lines 42, 43, and 44 to line 40 or 41, which					
	t V	Tax and Payments					
46 a		n tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	1			
-	Ū	credits (see instructions)	′ –				
		al business credit. Attach Form 3800 (see instruc					
		for prior year minimum tax (attach Form 8801 o					
		redits. Add lines 46a through 46d			. 46e		
47		ct line 46e from line 45					
48		axes. Check if from: Form 4255 Form 8611					
49		ax. Add lines 47 and 48 (see instructions)					0.
50		net 965 tax liability paid from Form 965-A or For					
50 51 a		ents: A 2018 overpayment credited to 2019		1	. 30		
	-	estimated tax payments			-		
		posited with Form 8868					
		o withholding (see instructions)		_	-		
		for small employer health insurance premiums (
			,	1			
g			Total ► 510	_			
		Form 4136 Other		,			
52		payments. Add lines 51a through 51g			. 52		
53		ited tax penalty (see instructions). Check if Form			53		
54		e. If line 52 is less than the total of lines 49, 50					
55	•	ayment. If line 52 is larger than the total of lines	•				
56	-	ne amount of line 55 you want: Credited to 2020 esti		Refunded	,		
	t VI	Statements Regarding Certain A					
57		y time during the 2019 calendar year, did	_			-	s No
		a financial account (bank, securities, or oth	, -	-	•		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," e	nter the name of th	ne foreign	country	
	here 🕨	·					X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor	of, or transferor to, a fo	oreign trust	?	X
	If "Yes,	" see instructions for other forms the organizatio	n may have to file.				
59		he amount of tax-exempt interest received or ac					
	l tr	Jnder penalties of perjury, I declare that I have examined rue, correct, and complete. Declaration of preparer (other than to			ne best of my	y knowledge and l	belief, it i
	n 📐	rade, defrect, and demplote. Declaration of property (early main a	.	sparer has any knowledge.	May the I	IRS discuss this	s return
			11/16/2020			preparer shown	
			Date Title	_	(see instructio		No
		Signature of officer					
Her	S	Signature of officer Print/Type preparer's name	Preparer's signature	Date C	heck if	PTIN	
Her Paid	<u> </u>	-	Preparer's signature	Se	elf-employed	P000681	
Her Paid Prep	l Darer	Print/Type preparer's name DAVID M REAPE, CPA Firm's name ► HW&CO		Se Fi	elf-employed rm's EIN ▶	P000681	57
	<u> </u>	Print/Type preparer's name DAVID M REAPE, CPA		Se Fi	elf-employed rm's EIN ▶	P000681	57

Form 990-T (2019)									Page 3	
Schedule A - Cost of G	oods Sold. En	ter method	of invento	ry valuation	<u> </u>					
1 Inventory at beginning of y				•		r	6			
2 Purchases	2					d. Subtract line				
3 Cost of labor				6 from lin	ne 5. Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2 _			7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes No	
b Other costs (attach schedu				property	produced	or acquired for	resa	le) apply		
5 Total. Add lines 1 through	· —			to the orga	anization?	<u> </u>			X	
Schedule C - Rent Income	e (From Real P	roperty ar	nd Persor	al Property	Leased V	ith Real Proper	ty)	•	•	
(see instructions)										
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed .							
(a) From personal property (if the	percentage of rent	(b) Fr	om real and	personal property	(if the	3(a) Deductions dir	ectly c	onnected with th	ne income	
for personal property is more th	nan 10% but not	percenta	ge of rent for	personal property	exceeds	in columns 2(a) and 2(b) (attach sche				
more than 50%)		50% or	if the rent is	based on profit or	fit or income)					
(1)										
(2)										
(3)										
(4)										
 Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6	` ,	,				Part I, line 6, colum				
Schedule E - Unrelated D			e instruction	ons)						
		,		ncome from or	3. 🗆	eductions directly con			e to	
 Description of del 	bt-financed property		allocable t	debt-financed	(a) Straigh	debt-finance		епу (b) Other deduct	tions	
			pr	operty		ch schedule)	'	(attach schedu		
(1)										
(2)										
(3)										
(4)										
4. Amount of average	5. Average adju		6	Column			Ω	Allocable dedu	ctions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 (divided		ncome reportable 1 2 x column 6)		ımn 6 x total of		
property (attach schedule)	(attach sche		by c	olumn 5	(coluiiii	1 Z X column o)		3(a) and 3(b)))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					Enter her	e and on page 1,	Ente	r here and on	page 1,	
					Part I, lin	e 7, column (A).	Par	t I, line 7, colui	mn (B).	
Totals										
Total dividends-received deduct				,						

Form 990-T (2019) Page **4**

Schedule F - Interest, Ann	uities, Royalties	s, and	Rents Fro	om Contro	lled O	rganizat	ions (se	e instructi	ons)	_
	· •			ntrolled Or			,			
Name of controlled organization	2. Employer identification number	er	3. Net unrela (loss) (see in			of specified ents made	included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruction			Fotal of specifical ayments made		include	rt of column ed in the co ation's gros	ntrolling		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals) Orga	Enter I	columns 5 anere and on line 8, columns 5, columns 6, columns 6, columns 7, columns 7, columns 7, columns 7, columns 7, columns 7, columns 5 and columns 6 and columns 7 an	page 1, mn (A).	Ent	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of		01(0)(1),	3. Deduction directly cor	tions nected	IIIZation	4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3
(1)				(attach sch	iedule)		-			plus col. 4)
(2)										
(3)										
(4)										
Totals	Enter here and c Part I, line 9, co	olumn (A)								Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Exe	empt Activity Inc	come,	Other Th	an Advert	ising Ir	ncome (s	see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	d conne prod un	expenses irectly ected with uction of related ess income	4. Net incor from unrelat or business 2 minus col If a gain, co cols. 5 thro	ted tradé (column lumn 3). ompute	from ac	s income tivity that inrelated s income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)		47								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 25.		
Schedule J- Advertising Ir	ncome (see instru	uctions)							
Part I Income From Per				idated Bas	sis					
1. Name of periodical	2. Gross advertising income	3.	Direct ising costs	4. Adver gain or (los 2 minus co a gain, co cols. 5 thro	tising ss) (col. ol. 3). If mpute	1	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										Form 990-T (2010)

Form 990-T (2019) 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	31,605.	29,172.	2,433.		66,153.	2,433.
(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 26.
Totals, Part II (lines 1-5)	31,605.	29,172.				2,433.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter have and an name 1 Dort II line 14			

Total. Enter here and on page 1, Part II, line 14

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, 2019, and ending ______, 20

• Go to www.irs.gov/Form990T for instructions and the latest information

▶ 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 the organization SOURCEPOINT

Employer identification number 31-1354284

Unrelated Business Activity Code (see instructions) ► 722210

Describe the unrelated trade or business ► CATERING

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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)				
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 1	12	39,633.		39,633.
13	Total. Combine lines 3 through 12	13	39,633.		39,633.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		8,975.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses		
20	Depreciation (attach Form 4562) 20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	34,463.
28	Total deductions. Add lines 14 through 27	28	43,438.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-3,805.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29		-3,805.
			1 1 1 11 (F 000 T) 0010

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

CATERING 39,633.

TOTAL 39,633.



0362HQ K369 161700

ATTACHMENT 2

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PAYROLL TAXES AND FRINGE BENEFITS	5,490.
RAW FOOD/KITCHEN SUPPLIES	19,718.
UTILITIES	2,465.
DEPRECIATION AND AMORTIZATION	596.
OTHER	6,194.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS





0362HQ K369 161700

SourcePoint Tax Year 2019

NOL in previous years

Carryback 2 years, carryforward 20 years

	NOL FOR	CATERING	ACTIVITY		ı	NOL FOR A	ADVERTIS	NG ACTIVITY
	NOL	Used	Carryover		I	NOL	Used	Carryover
2012	(3,343)	3,343	-	2	012	(3,343)	3,343	-
2013	(6,087)	6,087	-	2	013	(6,087)	6,087	-
2014	(3,509)	2,959	(550)	2	014	(3,509)	2,959	(550)
2015	(1,008)		(1,008)	2	015	(1,008)		(1,008)
2016	-	-	-	2	016	-	-	-
2017	-	-	-	2	017	-	-	-
NOL arising in tax year after 1/1/2018	-	-	-	2	018	(570)	-	(570)
2019	(3,805)		(3,805)	2	019			
	(17,752)	12,389	(5,363)			(14,517)	12,389	(2,128)

As of 12/31/2019, NOL available for future use is \$5,363 for catering activity; \$2,128 for advertising.