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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SKILLSOURCE GROUP INC Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 8300 BOONE BOULEVARD NO 450 _____ City or town, state or country, and ZIP + 4 VIENNA, VA 221822680 F Name and address of principal officer DAVID A HUNN 8300 BOONE BOULEVARD NO 450 VIENNA, VA 221822680	D Employer identification number 30-0129320 E Telephone number (703) 752-1606 G Gross receipts \$ 5,070,264
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.MYSKILLSOURCE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2002 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE FACILITATE & ENHANCE THE EMPLOYABILITY OF JOB-SEEKERS & EMPLOYER ACCESS TO QUALIFIED WORKERS _____ _____ _____ 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,142,289 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 151 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 405,625 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,548,065	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 10,000 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 729,225 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 172,370 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 3,799,417 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 4,538,642 19 Revenue less expenses Subtract line 18 from line 12 9,423	10,000	10,000
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,573,828 21 Total liabilities (Part X, line 26) 1,012,088 22 Net assets or fund balances Subtract line 21 from line 20 561,740	Beginning of Current Year	End of Year

Part II Signature Block

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

Sign Here	***** Signature of officer	2012-12-20 Date	
	DAVID A HUNN PRESIDENT & CEO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ WILLIAM E TURCO CPA Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP 9737 WASHINGTONIAN BLVD 400 GAITHERSBURG, MD 208787340	Date Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00369217 EIN ▶ 42-0714325 Phone no ▶ (301) 296-3600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 OUR MISSION IS TO FACILITATE AND ENHANCE THE EMPLOYABILITY OF INDIVIDUALS SEEKING EMPLOYMENT AND EMPLOYER ACCESS TO A QUALIFIED WORKFORCE WE CREATE A FLOW OF READY AND PREPARED POTENTIAL WORKERS, HELPING BUSINESSES ENVISION AND IMPLEMENT (CONTINUES ON SCHEDULE O) ALTERNATIVE WORKPLACE ENVIRONMENTS THAT ENHANCE THE ABILITY OF WORKERS TO BE MORE EFFECTIVE IN THE WORKPLACE, AND PROVIDING RESOURCES TO SUPPORT SKILL DEVELOPMENT FOR FUTURE AND CURRENT WORKERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,103,194 including grants of \$ 10,000) (Revenue \$)
 WIA PROGRAMS ADULT, DISLOCATED WORKER AND YOUTH PROGRAMS FUNDED THROUGH WORKFORCE INVESTMENT ACT (WIA) FUNDS PROVIDE FREE EMPLOYMENT AND TRAINING SERVICES TO ASSIST ELIGIBLE INDIVIDUALS IN FINDING AND QUALIFYING FOR MEANINGFUL EMPLOYMENT ELIGIBLE INDIVIDUALS INCLUDE ADULTS AGES 18 YEARS AND OLDER, LOW-INCOME ADULTS, LOW-SKILLED WORKERS, DISLOCATED WORKERS THAT WERE TERMINATED OR LAID OFF AND LOW-INCOME YOUTH AGES 14-21 WHO FACE BARRIERS TO EMPLOYMENT IN FY 2012, 1,015 INDIVIDUALS WERE ENROLLED IN ALL WIA PROGRAMS AND 288 WERE PLACED INTO JOBS A RETURN ON INVESTMENT STUDY CONFIRMED THAT THE BENEFITS OF WIA PROGRAMS ARE MORE THAN FOUR-AND-A-HALF TIMES GREATER THAN THE PROGRAM COSTS

4b (Code) (Expenses \$ 343,355 including grants of \$) (Revenue \$)
 NORTHERN VIRGINIA ELEVATE AMERICA FOR VETERANS INITIATIVE FUNDED THROUGH THE MICROSOFT CORPORATION, THIS PROGRAM PROVIDES VETERANS AND ELIGIBLE SPOUSES WITH MICROSOFT TRAINING VOUCHERS TO ENHANCE THEIR COMPUTER LITERACY, KNOWLEDGE OF MICROSOFT OFFICE PRODUCTS AND COMPLETION OF SELECT MICROSOFT-RELATED CERTIFICATIONS AS OF JUNE 2012, 443 VOUCHERS HAD BEEN DISTRIBUTED

4c (Code) (Expenses \$ 326,245 including grants of \$) (Revenue \$)
 BRAC INITIATIVE PROVIDES FREE EMPLOYMENT AND TRAINING SERVICES TO NORTHERN VIRGINIA WORKERS IMPACTED BY BASE REALIGNMENT AND CLOSURE (BRAC) ACTIVITIES AT FORT BELVOIR AND QUANTICO IN FY 2012, THERE WERE 71 NEW ENROLLMENTS AND A TOTAL OF 120 INDIVIDUALS SERVED DURING THE YEAR 47 WORKERS WERE PLACED INTO JOBS, SINCE PROGRAM INCEPTION, 348 WORKERS HAVE BEEN PLACED INTO EMPLOYMENT

(Code) (Expenses \$ 220,626 including grants of \$) (Revenue \$)
 NOVA GATE THE NORTHERN VIRGINIA GROWING AMERICA THROUGH ENTREPRENEURSHIP INITIATIVE (NOVA GATE) HELPED DISLOCATED ADULT JOB SEEKERS OVER 45 YEARS OLD START AND EXPAND THEIR OWN SMALL BUSINESS IN NORTHERN VIRGINIA BY THE END OF THE GRANT IN JUNE 2012, 224 INDIVIDUALS HAD BEEN ENROLLED IN THE PROGRAM, 207 RECEIVED BUSINESS TRAINING AND 88 NEW BUSINESSES HAD BEEN CREATED

(Code) (Expenses \$ 199,622 including grants of \$) (Revenue \$)
 OJT-NEG INITIATIVE THE ON-THE-JOB TRAINING (OJT) INITIATIVE, FUNDED THROUGH A NATIONAL EMERGENCY GRANT, PROVIDES OJT OPPORTUNITIES TO LONG-TERM UNEMPLOYED WORKERS THIS PROGRAM HAS PLACED 54 CLIENTS INTO OJT OPPORTUNITIES SINCE DECEMBER 2010 WITH 24 ENTERING EMPLOYMENT AFTER OJT COMPLETION

(Code) (Expenses \$ 144,318 including grants of \$) (Revenue \$)
 OFFENDER TRANSITION INITIATIVES THE VIRGINIA SERIOUS AND VIOLENT OFFENDER RE-ENTRY INITIATIVE (VASAVOR) SUPPORTS RECENTLY RELEASED STATE OFFENDERS BY ADDRESSING MULTIPLE BARRIERS TO EMPLOYMENT SINCE PROGRAM INCEPTION, VASAVOR HAS ENROLLED 407 EX-OFFENDERS AND PLACED 378 INTO EMPLOYMENT COMPARED TO A NATIONAL RECIDIVISM RATE OF 43% AND A VIRGINIA RECIDIVISM RATE OF 28%, VASAVOR HAS A RECIDIVISM RATE OF LESS THAN 5% THE FAIRFAX COUNTY ALTERNATIVE INCARCERATION BRANCH (AIB) EMPLOYMENT CENTER WAS ESTABLISHED IN 2008 THROUGH A PARTNERSHIP WITH THE FAIRFAX COUNTY SHERIFF'S OFFICE, AND IS LOCATED WITHIN THE AIB IT ASSISTS INMATES ON WORK RELEASE BY PREPARING THEM FOR EMPLOYMENT AND PROVIDING JOB SEARCH ASSISTANCE SINCE INCEPTION, THE CENTER HAS ENROLLED 429 INDIVIDUALS AND PLACED 337 INTO JOBS WITH A RECIDIVISM RATE OF LESS THAN 10%

(Code) (Expenses \$ 92,860 including grants of \$) (Revenue \$)
 EYE PROGRAM THE NORTHERN VIRGINIA EDUCATING YOUTH THROUGH EMPLOYMENT (EYE) PROGRAM IS A SUMMER INITIATIVE THAT RECRUITS, SCREENS AND MATCHES YOUNG ADULTS AGES 18-21 WITH EMPLOYMENT OPPORTUNITIES, WHILE PROVIDING MANDATORY TRAINING SESSIONS THROUGHOUT THE SUMMER IN SUMMER 2011, 81 YOUNG ADULTS WERE PLACED INTO EMPLOYMENT AND EARNED A COMBINED TOTAL OF ALMOST \$100,000 IN WAGES

(Code) (Expenses \$ 152,081 including grants of \$) (Revenue \$)
 OTHER

4d Other program services (Describe in Schedule O)
 (Expenses \$ 809,507 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,582,301

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MD, VA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DAVID A HUNN PRESIDENT & CEO, 8300 BOONE BOULEVARD NO 450, VIENNA, VA 221822680, (703) 752-1606

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET E SAMUELSON CHAIR	1 00	X		X				0	0	0
(2) KARLA LEAVELLE VICE CHAIR	1 00	X		X				0	0	0
(3) TODD ROWLEY TREASURER	1 00	X		X				0	0	0
(4) LINDA GENTRY CHAIR - FINANCE COMMITTEE	1 00	X						0	0	0
(5) SANG KIM CHAIR - RESOURCE DEVELOPMENT CMT	1 00	X						0	0	0
(6) HUEY BATTLE DIRECTOR	1 00	X						0	0	0
(7) MARK R BIRMINGHAM DIRECTOR	1 00	X						0	0	0
(8) SHARON BULOVA DIRECTOR	1 00	X						0	0	0
(9) TODD R HOUSE DIRECTOR	1 00	X						0	0	0
(10) REBECCA HUGHES DIRECTOR	1 00	X						0	0	0
(11) PETER JOYCE DIRECTOR	1 00	X						0	0	0
(12) DAVID C MILES DIRECTOR	1 00	X						0	0	0
(13) SCOTT PRICE DIRECTOR	1 00	X						0	0	0
(14) JOHN E RITZERT DIRECTOR	1 00	X						0	0	0
(15) HECTOR VELEZ DIRECTOR	1 00	X						0	0	0
(16) MICHAEL ZEIDERS DIRECTOR	1 00	X						0	0	0
(17) DAVID A HUNN PRESIDENT & CEO	40 00			X				167,077	0	39,734

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TYNA L GAYLOR VICE PRESIDENT OF FINANCE	40 00			X				13,680	0	5,327
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							180,757	0		45,061

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FAIRFAX COUNTY GOVERNMENT 12011 GOVERNMENT CENTER PARKWAY FAIRFAX, VA 22030	ONE-STOP CENTER OPERATIONS	2,390,365
BUSINESS DEVELOPMENT ASSISTANCE GROUP 6245 LEESBURG PIKE STE 410 FALLS CHURCH, VA 22044	ENTREPRENEURSHIP SERVICES/ACTIVITIES	117,227

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	3,870,885				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	779,247				
	g	Noncash contributions included in lines 1a-1f \$ <u>640,443</u>					
	h	Total. Add lines 1a-1f ▶	4,650,132				
	Program Service Revenue	2a	_____ Business Code _____				
b		_____					
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		Total. Add lines 2a-2f ▶					
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) ▶	394			394
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents	419,738			
		c	Less rental expenses	411,205			
	d	Rental income or (loss)	8,533				
	e	Net rental income or (loss) ▶	8,533			8,533	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory				
		c	Less cost or other basis and sales expenses				
	d	Gain or (loss)					
	e	Net gain or (loss) ▶					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶						
9a		Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code					
11a	_____	_____					
b	_____	_____					
c	_____	_____					
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		4,659,059	0	0	8,927	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,000	10,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	169,327	24,711	124,747	19,869
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	392,776	198,244	106,231	88,301
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,020	19,609	29,204	15,207
9	Other employee benefits	118,446	37,184	53,510	27,752
10	Payroll taxes	39,750	12,003	18,246	9,501
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	41,700		41,700	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	87,464	14,776	67,916	4,772
12	Advertising and promotion	95,299	77,787	13,813	3,699
13	Office expenses	55,695	10,300	44,325	1,070
14	Information technology				
15	Royalties				
16	Occupancy	75,828	49,105	25,149	1,574
17	Travel	9,802	6,034	3,408	360
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,078	1,276	10,802	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	647	270	351	26
23	Insurance	6,031	2,523	3,269	239
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRACTUAL PROGRAM STA	1,793,184	1,793,184		
b	CUSTOMER TRAINING	1,238,905	1,238,905		
c	CUSTOMER CENTER OPERATI	85,562	85,562		
d	OTHER EXPENSES	15,719	828	14,891	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,312,233	3,582,301	557,562	172,370
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	852,434	2	839,434
	3 Pledges and grants receivable, net	611,424	3	865,965
	4 Accounts receivable, net	64,844	4	27,597
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,787	9	52,792
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	11,190		
	b Less accumulated depreciation	10,497	10c	693
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	303,008
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,573,828	16	2,089,489	
Liabilities	17 Accounts payable and accrued expenses	613,378	17	958,728
	18 Grants payable		18	
	19 Deferred revenue	10,249	19	9,785
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	388,461	21	212,410
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,012,088	26	1,180,923
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	561,740	27	590,558
	28 Temporarily restricted net assets		28	318,008
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	561,740	33	908,566	
34 Total liabilities and net assets/fund balances	1,573,828	34	2,089,489	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,659,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,312,233
3	Revenue less expenses Subtract line 2 from line 1	3	346,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	561,740
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	908,566

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE SKILLSOURCE GROUP INC

Employer identification number

30-0129320

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,734,478	2,581,709	3,648,407	4,142,289	4,650,132	16,757,015
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,734,478	2,581,709	3,648,407	4,142,289	4,650,132	16,757,015
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						16,757,015

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,734,478	2,581,709	3,648,407	4,142,289	4,650,132	16,757,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,431	12,856	104,961	405,776	420,132	967,156
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						17,724,171

12 Gross receipts from related activities, etc. (See instructions.)**12****13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14** 94.540%**15** Public Support Percentage for 2010 Schedule A, Part II, line 14 **15** 96.120%**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 30-0129320

Name: THE SKILLSOURCE GROUP INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 220,626 including grants of \$) (Revenue \$)

NOVA GATE THE NORTHERN VIRGINIA GROWING AMERICA THROUGH ENTREPRENEURSHIP INITIATIVE (NOVA GATE) HELPED DISLOCATED ADULT JOB SEEKERS OVER 45 YEARS OLD START AND EXPAND THEIR OWN SMALL BUSINESS IN NORTHERN VIRGINIA BY THE END OF THE GRANT IN JUNE 2012, 224 INDIVIDUALS HAD BEEN ENROLLED IN THE PROGRAM, 207 RECEIVED BUSINESS TRAINING AND 88 NEW BUSINESSES HAD BEEN CREATED

(Code) (Expenses \$ 199,622 including grants of \$) (Revenue \$)

OJT-NEG INITIATIVE THE ON-THE-JOB TRAINING (OJT) INITIATIVE, FUNDED THROUGH A NATIONAL EMERGENCY GRANT, PROVIDES OJT OPPORTUNITIES TO LONG-TERM UNEMPLOYED WORKERS THIS PROGRAM HAS PLACED 54 CLIENTS INTO OJT OPPORTUNITIES SINCE DECEMBER 2010 WITH 24 ENTERING EMPLOYMENT AFTER OJT COMPLETION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code) (Expenses \$ 144,318 including grants of \$) (Revenue \$)

OFFENDER TRANSITION INITIATIVES THE VIRGINIA SERIOUS AND VIOLENT OFFENDER RE-ENTRY INITIATIVE (VASAVOR) SUPPORTS RECENTLY RELEASED STATE OFFENDERS BY ADDRESSING MULTIPLE BARRIERS TO EMPLOYMENT SINCE PROGRAM INCEPTION, VASAVOR HAS ENROLLED 407 EX-OFFENDERS AND PLACED 378 INTO EMPLOYMENT COMPARED TO A NATIONAL RECIDIVISM RATE OF 43% AND A VIRGINIA RECIDIVISM RATE OF 28%, VASAVOR HAS A RECIDIVISM RATE OF LESS THAN 5% THE FAIRFAX COUNTY ALTERNATIVE INCARCERATION BRANCH (AIB) EMPLOYMENT CENTER WAS ESTABLISHED IN 2008 THROUGH A PARTNERSHIP WITH THE FAIRFAX COUNTY SHERIFF'S OFFICE, AND IS LOCATED WITHIN THE AIB IT ASSISTS INMATES ON WORK RELEASE BY PREPARING THEM FOR EMPLOYMENT AND PROVIDING JOB SEARCH ASSISTANCE SINCE INCEPTION, THE CENTER HAS ENROLLED 429 INDIVIDUALS AND PLACED 337 INTO JOBS WITH A RECIDIVISM RATE OF LESS THAN 10%

(Code) (Expenses \$ 92,860 including grants of \$) (Revenue \$)

EYE PROGRAM THE NORTHERN VIRGINIA EDUCATING YOUTH THROUGH EMPLOYMENT (EYE) PROGRAM IS A SUMMER INITIATIVE THAT RECRUITS, SCREENS AND MATCHES YOUNG ADULTS AGES 18-21 WITH EMPLOYMENT OPPORTUNITIES, WHILE PROVIDING MANDATORY TRAINING SESSIONS THROUGHOUT THE SUMMER IN SUMMER 2011, 81 YOUNG ADULTS WERE PLACED INTO EMPLOYMENT AND EARNED A COMBINED TOTAL OF ALMOST \$100,000 IN WAGES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$	152,081	including grants of \$) (Revenue \$)
OTHER					

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE SKILLSOURCE GROUP INC

Employer identification number 30-0129320

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance		40,308	42,432	43,912	
b Contributions	655,443	65,556	46,557	45,653	
c Investment earnings or losses		7		693	
d Grants or scholarships					
e Other expenditures for facilities and programs	337,435	105,871	48,681	47,826	
f Administrative expenses					
g End of year balance	318,008		40,308	42,432	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment 100.000 %

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,190	10,497	693
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				693

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,659,059
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,312,233
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	346,826
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	346,826

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,070,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,070,264
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-411,205
c	Add lines 4a and 4b	4c	-411,205
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,659,059

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,723,438
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	411,205
e	Add lines 2a through 2d	2e	411,205
3	Subtract line 2e from line 1	3	4,312,233
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	4,312,233

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE SKILLSOURCE GROUP, INC (SSG) HAS AN AGREEMENT WITH THE NORTHERN VIRGINIA HEALTH CARE WORKFORCE ALLIANCE (NOVAHEALTHFORCE) TO ACT AS ITS FISCAL AGENT SSG RECEIVES CONTRIBUTIONS AND MAKES DISBURSEMENTS ON BEHALF OF NOVAHEALTHFORCE REVENUE AND EXPENSES FOR NOVAHEALTHFORCE ARE NOT REPORTED ON SSG'S STATEMENT OF ACTIVITIES
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TEMPORARILY RESTRICTED NET ASSETS CONSISTS OF THE DONOR-RESTRICTED PROGRAMS MICROSOFT CORPORATION - TRAINING LICENSES, COMMUNITY FOUNDATION (ESL) AND UNITED WAY-TTW JOB DEVELOPER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	SKILLSOURCE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION IS MADE FOR INCOME TAXES IN ADDITION, SKILLSOURCE HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION INCOME, WHICH IS NOT RELATED TO ITS EXEMPT PURPOSE, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES SKILLSOURCE HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2012 MANAGEMENT EVALUATED SKILLSOURCE'S TAX POSITIONS AND CONCLUDED THAT SKILLSOURCE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, SKILLSOURCE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON LINE 6B ON PART VIII - 411,205
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES REPORTED ON LINE 6B ON PART VIII 411,205

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE SKILLSOURCE GROUP INC

Employer identification number 30-0129320

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION (NVCCEF) 7630 LITTLE RIVER TURNPIKE STE 817 ANNANDALE, VA 22003; EIN: 51-0249730; IRC Code: 501(C)(3); Amount: 10,000; Purpose: FINANCIAL AID FOR 3 STUDENTS TO TRAIN IN HEALTHCARE, IT OR BUSINESS.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SKILLSOURCE GROUP PROVIDED SCHOLARSHIP FUNDING TO THE NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION FOR THREE STUDENTS AT \$3333 EACH FOR TRAINING TO ACHIEVE MEANINGFUL EMPLOYMENT IN THE FIELDS OF HEALTHCARE, INFORMATION TECHNOLOGY OR BUSINESS ADMINISTRATION THE SCHOLARSHIPS ARE AWARDED ON A COMPETITIVE BASIS AFTER AN APPLICATION AND REVIEW COMMITTEE PROCESS ADMINISTERED BY THE EDUCATIONAL FOUNDATION THE EDUCATIONAL FOUNDATION PROVIDES A REPORT ON THE USE OF THE SCHOLARSHIP FUNDS TO THE SKILLSOURCE GROUP'S BOARD OF DIRECTORS

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE SKILLSOURCE GROUP INC

Employer identification number

30-0129320

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JANET SAMUELSON - PRESIDENT AND CEO OF SERVICE SOURCE	CHAIRMAN OF SSG BOARD	66,542	SSG CONTRACTS WITH SERVICE SOURCE FOR SPECIALIZED CASE MANAGEMENT SERVICES NECESSARY TO MEET THE NEEDS OF CLIENTELE TARGETED BY CERTAIN GRANTS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization THE SKILLSOURCE GROUP INC

Employer identification number 30-0129320

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Includes rows for Art, Books, Cars, Real estate, etc., and a row for 'Other' with 'ON-LINE MICROSOFT TRAINING COURSES'.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 3 columns: Question, Yes, No. Row 30a: No.

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 3 columns: Question, Yes, No. Row 31: Yes.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

Table with 3 columns: Question, Yes, No. Row 32a: No.

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 3 columns: Question, Yes, No. Row 33: (Empty)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
THE SKILLSOURCE GROUP INC

Employer identification number

30-0129320

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE CHAIRMAN, VICE CHARIMAN, SECRETARY AND TREASURER OF THE NORTHERN VIRGINIA WORKFORCE INVESTMENT BOARD (NVWIB), AND THE CHIEF LOCAL ELECTED OFFICIAL (CLEO) WHO IS A MEMBER OF THE NVWIB (COLLECTIVELY, THE "APPOINTED DIRECTORS") AND THE PARLIAMENTARIAN OF THE NVWIB (THE "PARLIAMENTARIAN") SERVE AS BOARD MEMBERS FOR THE SKILLSOURCE GROUP, INC THE TERM OF EACH APPOINTED DIRECTOR AND THE PARLIAMENTARIAN SHALL BE COINCIDENT WITH SUCH DIRECTOR'S TERM OF OFFICE AS AN OFFICER OF THE NVWIB
	FORM 990, PART VI, SECTION A, LINE 7B	THE NVWIB MAY REMOVE ANY APPOINTED DIRECTOR, WITH OR WITHOUT CAUSE, BUT ONLY AT A MEETING OF THE FULL EXECUTIVE COMMITTEE OF THE NVWIB, WHICH MEETING SHALL BE CALLED PURSUANT TO THE PROCEDURES SET FORTH IN THE BYLAWS OF THE NVWIB
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY SKILLSOURCE GROUP, INC STAFF FOR ACCURACY THE SKILLSOURCE GROUP PRESIDENT AND CEO DISTRIBUTES THE FORM 990 BY ELECTRONIC MAIL TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS AND REQUEST FOR A FORMAL MEETING IF DEEMED NECESSARY
	FORM 990, PART VI, SECTION B, LINE 12C	ALL SKILLSOURCE GROUP, INC BOARD OF DIRECTORS MEMBERS ARE REQUIRED TO COMPLETE (1) A BOARD OF DIRECTOR MEMBERSHIP APPLICATION AND (2) AN ANNUAL CONFLICT OF INTEREST DISCLOSURE, BOTH OF WHICH ARE SIGNED IN ADDITION, AN ANNUAL DISCLOSURE STATEMENT IS RECEIVED FROM EACH BOARD MEMBER, WHICH HIGHLIGHTS THE MEMBER'S CURRENT EMPLOYER, OTHER BOARD MEMBERSHIPS, AND ANY KNOWN BUSINESS RELATIONSHIPS WITH THE SKILLSOURCE GROUP, INC
	FORM 990, PART VI, SECTION B, LINE 15A	A COMPENSATION COMMITTEE IS APPOINTED BY THE SSG BOARD OF DIRECTORS TO ESTABLISH THE COMPENSATION OF THE PRESIDENT AND CEO THE COMMITTEE RESEARCHED AND REVIEWS THE COMPENSATION OF LEADERS OF ORGANIZATIONS SIMILAR IN SIZE, COMPLEXITY, GEOGRAPHIC LOCATION, INDUSTRY, AND OTHER PERTINENT DETAILS TO INFORM THEIR RECOMMENDATIONS SSG ENTERES INTO A FIVE-YEAR EMPLOYMENT CONTRACT WITH THE PRESIDENT AND CEO, WHICH SETS FORTH THE TERMS OF THE AGREEMENT INCLUDING AN ANNUAL REVIEW AND EVALUATION OF HIS PERFORMANCE THE EMPLOYMENT CONTRACT IS REVIEWED AND APPROVED BY THE SSG BOARD AS ARE THE RESULTS OF EACH ANNUAL PERFORMANCE EVALUATION
	FORM 990, PART VI, SECTION C, LINE 19	ALL OF SSG'S DOCUMENTS ARE SHARED ON THE ORGANIZATION'S WEBSITE, INCLUDING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ALL DOCUMENTS ARE ALSO AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST MANY OF THESE DOCUMENTS ARE POSTED ON THIRD-PARTY WEBSITES