



## **Board of Directors Meeting**

### **Agenda and Meeting Materials**

**Friday, December 15, 2023  
11:30 a.m. – 12:30 p.m.**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/82510943340?pwd=WIZHcUpzV1ZuTjJXNlZEYWViUnYwdz09>**

**Meeting ID: 825 1094 3340  
Passcode: 190028**

**[www.vcwnorthern.com](http://www.vcwnorthern.com)**

**THE SKILLSOURCE GROUP, INC.**  
**Board of Directors Meeting**

**December 15, 2023**  
**11:30 a.m. – 12:30 p.m.**

**Join Zoom Meeting**

<https://us02web.zoom.us/j/82510943340?pwd=WIZHcUpzV1ZuTjJXNlZEYWViUnYwdz09>

Meeting ID: 825 1094 3340

Passcode: 190028

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**AGENDA**

**Chairman's Comments**

Approval of Summary Meeting Notes from November 16, 2023 Board of Directors Meeting

**Action Item:**

- Approval of *SkillSource* 2022 IRS Form 990
- Consideration of Draft Legislative Position Statement – Governor's Anticipated Increase to WIOA Expenditure Requirement from 40% - 50%.
- Approval of Incumbent Worker Training Request

**Information Items:**

- Northern Virginia One Stop Operator Program Report
- Update on PY 2022 WIOA 40% Expenditure Rate
- Update on New Virginia Workforce Development Agency Implementation
- Upcoming Move of *SkillSource* Corporate Office in Fall 2024
- Approved/Pending Contracts and Grants Matrix

**Executive Session**

**Adjournment**

**The SkillSource Group, Inc.  
Board of Directors Meeting  
Summary Notes  
November 16, 2023**

The *SkillSource* Board of Directors meeting commenced at 11:32 a.m.

**Members participating via Zoom:** Wayne Hallheimer, Marc Tate, Roxana Mejia, George Harben, Hector Velez, Stephen Deal, Rebecca Hughes, Patrick Small, William Trumbull, Christopher Rieley, and Robert Bartolotta

**President and CEO:** David Hunn

**SSG Staff:** Seema Jain and Sabrina Miller

**Observers:** Arogya Singh, Ahsan Ijaz, Gina DiMatteo

**Approval of October 19, 2023 and October 27, 2023 Summary Notes:**

A motion was made and seconded to accept the October 19<sup>th</sup> and October 23<sup>rd</sup> Summary Notes and approved unanimously, with no abstentions.

**Action Items:**

**Approval of Proposed Legislative Position Statement to the Fairfax County Board of Supervisors on Governor's Anticipated State Code Increase of WIOA Training Expenditure Requirement**

David Hunn shared a draft legislation position statement with the Board regarding the Virginia General Assembly potentially adding new language in the Virginia Code (Chapter 4.2 section 2.2-2472.2) requiring Virginia local workforce development boards to annually allocate no less than 40% of its annual Federal Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Formula Funding towards jobseeker training costs. In 2020, the Virginia Secretary of Labor amended the regulatory guidance for implementing this policy to allow local workforce boards to include portions of staff salary and benefits costs necessary to prepare the jobseeker for training to be included in this formula calculation.

**In January 2024, Governor Youngkin is expected to propose new General Assembly legislation to amend the Virginia Code to increase the WIOA Training Expenditure Requirement to 50% of a local workforce area's WIOA Adult and Dislocated Worker annual funding allocation.**

Each year Congress appropriates Federal funding for the Workforce Innovation and Opportunity Act Title I Adult, Dislocated Worker, and Youth programs. Each State receives a formula-based allocation from this Federal appropriation for each WIOA program. Funds are then allocated to the State's local workforce areas, by formula, to deliver workforce and training services as determined by the WIOA Grant Recipient (Fairfax County Government) and the Local Workforce Development Board (Virginia Career Works Northern).

The VCW Northern Region includes Fairfax, Loudoun and Prince William Counties and the cities of Fairfax, Falls Church, Manassas, and Manassas Park, representing over 2.1 million residents and tens of thousands of employers.

The total costs necessary to operate the local workforce system are covered within the WIOA funding allocated to the local workforce board, to include Center staff salaries and benefits, One Stop Operator costs, jobseeker training, supportive services for jobseekers, local workforce board administrative costs, and marketing and outreach expenses.

The Virginia Career Works Northern Region has achieved the State's 40% WIOA Training Requirement, as follows:

**2017 2018 2019 2020 2021 2022**

Yes Yes No No Yes Yes (Projected)

The Virginia Career Works Northern Region Board of Directors requests the Fairfax County Board of Supervisors to oppose this proposed legislation to increase the WIOA Training Expenditure Requirement for Virginia local workforce areas.

- A WIOA Training Spending requirement limits local flexibility to administer WIOA programs to best meet the needs of jobseekers. A higher training expenditure requirement will greatly impact American Job Center staffing levels in Northern Virginia, including Fairfax County employees funded through the WIOA program.
- Reductions and fluctuations in annual Federal WIOA funding to the Northern Virginia workforce area reduces consistent planning and predictability, forcing decisions to reduce staffing levels to meet the State training expenditure requirement. With continued reductions in Federal WIOA funding, a WIOA Training Expenditure increase will require local workforce area staffing reductions in FY 2025 and FY 2026.
- As a State Code requirement, this spending issue becomes an Audit Finding for local governments if the WIOA Expenditure level is not met by a local workforce development area.

After significant Board discussion, the SkillSource Board of Directors postponed the vote of the Proposed Legislative Position Statement to the Fairfax County Board of Supervisors for the 2024 Virginia General Assembly until more information was provided on the impact this would have on staffing and other considerations. SkillSource Group staff will report back to the Board on the requested information.

### **Information Items:**

#### **Anticipated FY 2024 Revenues from DARS SEAL Initiative**

Seema Jain discussed the anticipated FY24 revenues from the DARS SEAL initiative. In 2022, SkillSource was awarded a contract by the Virginia Department of Aging and Rehabilitative Services (DARS) to develop and implement the Summer Earn and Learn (SEAL) program, which provides work readiness training and paid work experiences to students with disabilities through Pre-Employment Transition Services (Pre-ETS). The Workforce Innovation and Opportunity Act



mandates state vocational rehabilitation (VR) agencies spend fifteen percent (15%) of their federal VR grant funds on the provision of Pre-ETS to students with disabilities who are potentially eligible or eligible for the VR program. This expands the population of students who may receive services and the breadth of services DARS may provide. As such, DARS sought to expand its partnerships with community providers for the provision of Pre-ETS to students with disabilities. The partnership with SkillSource enables more students with disabilities to receive work-based learning experiences and workplace readiness training which will better prepare the students for employment and adult life.

SkillSource has aligned this program with its summer Educating Youth through Employment (EYE) Program, and has contracted with its WIOA Youth Operator, Fairfax County Department of Family Services, to deliver program services for the contract. In 2022, the program served 17 youth during the summer, through a cost reimbursable agreement. In 2023, DARS transitioned the contract from cost reimbursable to a milestone payment structure, in which payments would be received after the achievement of certain milestones per youth. The program served 56 youth during the 2023 summer program, over three times the numbers from the prior year. From the **SkillSource projections, it is anticipated that net revenue of between \$90,000 - \$100,000 will be achieved in FY 2024, though the payment process through DARS will take some time.** These revenues will be classified as Unrestricted funding.

### **SkillSource Group September 2023 Financial Management Reports**

David Hunn reviewed the financial results of operations for the three months ended September 30, 2023, reflecting a **decrease in Net Assets of \$18,707 on a budgeted \$0 change, resulting in an unfavorable variance of \$18,707.**

Total revenues were \$2,206,120 a budget of \$3,228,251 resulting in an unfavorable variance of \$1,022,131, which was mostly due to the delayed start of the Talent-Up Fairfax program and underspending in training funds in WIOA during the first three months of the year.

#### The Change in Net Assets comprises:

Increase (Decrease) in Net Assets Without Donor Restrictions	\$(16,801)
Increase (Decrease) in Net Assets With Donor Restrictions	<u>\$ (1,906)</u>
<b>Total Increase (Decrease) in Net Assets</b>	<b>\$ (18,707)</b>

The changes in Net Assets Without Donor Restrictions and Net Assets With Donor Restrictions reflect the difference between revenues and expenses in each class of net assets.

<b>Category</b>	<b>Change in Net Assets Without Donor Restrictions</b>
Unrestricted funds	(6,285)
Indirect (unbillable)	(10,516) (*)
<b>Total change in Net Assets Without Donor Restrictions</b>	<b>(16,801)</b>

(\*) Unbillable indirect costs are due to receiving and recording the audit fee for the FY23 Financial and Uniform Guidance audit in September. This unbillable balance will decrease and eventually be eliminated as we move closer towards the end of the fiscal year.

The negative Unrestricted funds balance is due to charging expenses to Unrestricted funds that are temporarily not covered by unrestricted revenues. These include a portion of the office rent for the GO Virginia and TANF program director, amortization of leasehold improvement made at the Cherokee Ave. Center in 2018, and supplies purchased for a project coordinator for Talent-Up Fairfax, which will be moved to Talent-Up once the contract is signed.

<b>Program</b>	<b>Change in Net Assets With Donor Restrictions</b>
NVITE	(1,906)
<b>Total change in Net Assets With Donor Restrictions</b>	<b>(1,906)</b>

The deficit in the NVITE program is due to the timing difference between revenues recognized and recorded in FY23 and expenses recorded in FY24.

### **Program Activities:**

**WIOA:** PY22 WIOA Adult and Dislocated Worker expended 88% and 53% of funds respectively (including transfer) and WIOA Youth expended 65% of Youth funds. PY 2022 Adult and Dislocated Worker combined training rate was 34.6% and on track to meet the 40% required minimum. The cumulative Youth Work Experience (WEX) rate was 21.7%, exceeding the required minimum rate of 20%.

### **Indirect costs:**

The actual indirect cost rate after three months of FY24 was 11.45% while allowable indirect costs were calculated based on the de minimis rate of 10% of Modified Total Direct Costs, resulting in \$10,516 in unbillable indirect costs. This was due to receiving and recording the audit fee for FY23 in September 2023. The unbillable indirect costs will be resolved as more time passes and the audit cost is spread out throughout the year.

### **Northern Virginia One Stop Operator Program Report**

David Hunn reviewed the One Stop Operator Program report as of October 31, 2023.

### **Update on PY 2022 WIOA 40% Expenditure Rate**

David Hunn discussed the PY 2022 Training rate as of September 30, 2023, which is 34.6%.

### **Updated November 2023 SkillSource Organizational Chart**

David Hunn shared the most recent SSG Organization Chart for November 2023 to highlight new positions and employees.

### **2023 Charity Navigator and Candid Ratings for SkillSource**

David Hunn shared The SkillSource Group's Charity Navigator 4-Star (91%) rating for 2023 and the Candid Platinum Rating for 2023.

### **Approved/Pending Contracts and Grants Matrix**

David Hunn reviewed the current new grants, pending grants and Contracts Matrix and responded to questions from Board members.

### **Washington Business Journal Talent Up Fairfax Editorial**

David Hunn shared the Washington Business Journal's editorial, highlighting the new Talent Up Fairfax Program Initiative, that is co-authored by SkillSource Group Board Chairman Chris Rieley and Rebecca Moudry, the Director of the Fairfax County Department of Economic Initiatives.

The Board of Directors meeting adjourned at 12:20 p.m.

December 15, 2023

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

DRAFT

GELMAN ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVENUE, SUITE 800 NORTH  
BETHESDA, MD 20814-2930

DECEMBER 8, 2023

THE SKILLSOURCE GROUP, INC.  
8300 BOONE BOULEVARD 450  
VIENNA, VA 22182

THE SKILLSOURCE GROUP, INC.:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN  
TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN  
THIS COPY INDEFINITELY.

VERY TRULY YOURS,

GELMAN ROSENBERG & FREEDMAN

DRAFT

# Filing Instructions

December 15, 2023

**Prepared for:**

THE SKILLSOURCE GROUP, INC.  
8300 BOONE BOULEVARD 450  
VIENNA, VA 22182

**Prepared by:**

GELMAN, ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVE SUITE 800N  
BETHESDA, MD 20814-2930

2022 FORM 990

**ELECTRONIC FILING:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN  
TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

DRAFT

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

December 15, 2023

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2022**

Name of filer

**THE SKILLSOURCE GROUP, INC.**

EIN or SSN

**30-0129320**

Name and title of officer or person subject to tax

**DAVID A. HUNN  
PRESIDENT & CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>7,550,496.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **30424**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date

**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.

**52390998693****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

December 15, 2023

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>THE SKILLSOURCE GROUP, INC.</b>	Taxpayer identification number (TIN)  <b>30-0129320</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8300 BOONE BOULEVARD, 450</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VIENNA, VA 22182</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**DAVID A. HUNN**

- The books are in the care of ► **8300 BOONE BOULEVARD, 450 - VIENNA, VA 22182**

Telephone No. ► **(703) 827-3782**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

December 15, 2023

OMB No. 1545-0047

**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ 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)

**8300 BOONE BOULEVARD**

Room/suite

**450**

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

**VIENNA, VA 22182****F** Name and address of principal officer: **DAVID A. HUNN****SAME AS C ABOVE****D** Employer identification number**30-0129320****E** Telephone number**(703) 827-3782****G** Gross receipts \$**8,008,133.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.VCWNORTHERN.COM****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2002****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO FACILITATE AND ENHANCE THE EMPLOYABILITY OF JOB-SEEKERS &amp; EMPLOYER ACCESS TO QUALIFIED WORKERS.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>16</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>16</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>209</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>16</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>6,394,242.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>510,869.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>1,791.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,906,902.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,841,919.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>1,061.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>3,960,996.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>6,802,915.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>103,987.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>1,796,857.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>1,038,005.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>758,852.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>DAVID A. HUNN, PRESIDENT &amp; CEO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>RICHARD J. LOCASTRO, CPA</b>				<b>P00288314</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	<b>52-1392008</b>		<b>301-951-9090</b>	
	Firm's address				
	<b>4550 MONTGOMERY AVE SUITE 800N</b>				
	<b>BETHESDA, MD 20814-2930</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

OUR MISSION IS TO FACILITATE AND ENHANCE THE EMPLOYABILITY OF INDIVIDUALS SEEKING EMPLOYMENT AND EMPLOYER ACCESS TO A QUALIFIED WORKFORCE. WE ENVISION A VIBRANT BUSINESS AND WORKFORCE REGION THAT IS GLOBALLY COMPETITIVE.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 4,156,585. including grants of \$ ) (Revenue \$ )**WIOA PROGRAMS:**

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) 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 16-24 WHO FACE BARRIERS TO EMPLOYMENT. IN FY 2023, 699 INDIVIDUALS WERE ENROLLED IN ALL WIOA PROGRAMS, 246 WERE PLACED INTO JOBS, AND 208 CERTIFICATIONS WERE EARNED. AN INDEPENDENT RETURN ON INVESTMENT REPORT ESTIMATED THAT THE BENEFITS OF WIOA PROGRAMS ARE 5.6 TIMES GREATER THAN THE PROGRAM COSTS.

**4b** (Code: ) (Expenses \$ 1,250,527. including grants of \$ ) (Revenue \$ )

EFFECTIVE JULY 1, 2019, THE NORTHERN VIRGINIA SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) UNDER THE NATIONAL COUNCIL ON AGING (NCOA) WAS SUB-CONTRACTED TO THE SKILLSOURCE GROUP, INC. SCSEP PROVIDES TEMPORARY COMMUNITY SERVICE TRAINING OPPORTUNITIES TO OLDER WORKERS OVER THE AGE OF 55 TO PREPARE THEM FOR JOBS IN THEIR COMMUNITY. IN FY 2023, 118 OLDER WORKERS WERE SERVED AND ACTIVELY PLACED AT WORK SITES OR IN TRAINING, 17 WERE PLACED INTO PERMANENT EMPLOYMENT, AT AN AVERAGE HOURLY WAGE OF \$15.

**4c** (Code: ) (Expenses \$ 580,562. including grants of \$ ) (Revenue \$ )**ELEVATE PROGRAM:**

THE ELEVATE INITIATIVE, FUNDED THROUGH THE PRINCE WILLIAM COUNTY DEPARTMENT OF ECONOMIC DEVELOPMENT, STARTED MARCH 1, 2022 TO OCTOBER 31, 2024. THE GOAL OF ELEVATE IS TO REBUILD THE COUNTY'S WORKFORCE AND HELP POSITIVELY AFFECT BUSINESSES' REVENUE AFTER THE EFFECTS OF THE COVID-19 PANDEMIC LOSSES. AS OF JUNE 2023, 184 PRINCE WILLIAM COUNTY JOBSEEKERS WERE ENROLLED, 62% HAVE STARTED TRAINING, 42% HAVE COMPLETED TRAINING, AND 35% HAVE BEEN PLACED INTO EMPLOYMENT.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 1,268,579. including grants of \$ ) (Revenue \$ 589,632.)

**4e** Total program service expenses 7,256,253.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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 and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> 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		X
<b>27</b> 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		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

	Yes	No
<b>2a</b> 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	209
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	N/A
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	N/A
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	N/A

**Part VI 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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	16			
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>b</b> Enter the number of voting members included on line 1a, above, who are independent		16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> 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?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</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			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**DAVID A. HUNN - (703) 827-3782**  
**8300 BOONE BOULEVARD, 450, VIENNA, VA 22182**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DAVID A. HUNN PRESIDENT & CEO	40.00			X				209,865.	0.	37,190.
(2) SEEMA JAIN VICE PRESIDENT OF OPERATIONS	40.00				X			146,287.	0.	22,983.
(3) CHRISTOPHER RILEY CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(4) MARC TATE VICE CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(5) WILLIAM TRUMBULL DIRECTOR AND AUDIT COMMITTEE CHAIR	1.00	X						0.	0.	0.
(6) JAMES THOMAS DIRECTOR	1.00	X						0.	0.	0.
(7) HECTOR VELEZ DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT BARTOLOTTA DIRECTOR	1.00	X						0.	0.	0.
(9) PATRICK SMALL DIRECTOR	1.00	X						0.	0.	0.
(10) DEBRA ESHELMAN DIRECTOR	1.00	X						0.	0.	0.
(11) JOSHEPH CARTER DIRECTOR	1.00	X						0.	0.	0.
(12) GEORGE HARBEN DIRECTOR	1.00	X						0.	0.	0.
(13) REBECCA HUGHES DIRECTOR	1.00	X						0.	0.	0.
(14) WAYNE HALLHEIMER DIRECTOR	1.00	X						0.	0.	0.
(15) TODD ROWLEY DIRECTOR	1.00	X						0.	0.	0.
(16) CRIS DANILUK DIRECTOR	1.00	X						0.	0.	0.
(17) STEPHEN DEAL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROXANA MEJIA DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								356,152.	0.	60,173.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								356,152.	0.	60,173.

**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 **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>	X	
<b>5</b> 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>		X

**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 DPT. OF FAMILY SVCS., 12011 GOVERNMENT CTR. PKWY., FAIRFAX, VA 22035	ONE STOP WORKFORCE CENTER OPERATOR	2,933,855.
ALLIED UNIVERSAL, 8 TOWER BRIDGE, 161 WASHINGTON ST #6, CONSHOHOCKEN, PA 19428	SECURITY SERVICES	144,709.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,660.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,681,923.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	275,182.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> <b>SHARED SERVICES</b> .....	<b>Business Code</b> 900099		410,215.	410,215.		
	<b>b</b> <b>TICKET TO WORK</b> .....	900099		179,417.	179,417.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....				589,632.		
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,099.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal	457,637.			
<b>b</b> Less: rental expenses ...		<b>6b</b>		457,637.			
<b>c</b> Rental income or (loss) .....		<b>6c</b>		0.			
<b>d</b> Net rental income or (loss) .....				0.			
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>					
<b>c</b> Gain or (loss) .....		<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....				7,550,496.	589,632.	0.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	254,968.	155,530.	99,438.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,172,362.	2,038,882.	133,480.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	133,450.	117,743.	15,707.	
<b>9</b> Other employee benefits .....	120,610.	102,617.	17,993.	
<b>10</b> Payroll taxes .....	185,397.	169,552.	15,845.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	837.		837.	
<b>c</b> Accounting .....	67,788.		67,788.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	108,273.	70,483.	36,929.	861.
<b>12</b> Advertising and promotion .....	65,711.	56,477.	9,234.	
<b>13</b> Office expenses .....	91,800.	83,197.	8,603.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	105,086.	89,996.	15,090.	
<b>17</b> Travel .....	14,152.	13,902.	250.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	5,641.	5,082.	559.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	3,819.	3,819.		
<b>23</b> Insurance .....	30,446.	5,084.	25,362.	
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> ONE-STOP PERSONNEL	2,666,730.	2,666,730.		
<b>b</b> ONE-STOP TRAINING	1,215,905.	1,215,905.		
<b>c</b> CENTER OPERATING COSTS	354,046.	354,046.		
<b>d</b> CONTRACTED MAINTENANCE	47,407.	47,407.		
<b>e</b> All other expenses	78,128.	59,801.	18,127.	200.
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,722,556.	7,256,253.	465,242.	1,061.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	228,598.	<b>1</b>	235,096.
	<b>2</b> Savings and temporary cash investments .....	268,951.	<b>2</b>	235,891.
	<b>3</b> Pledges and grants receivable, net .....	1,232,123.	<b>3</b>	1,570,833.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	44,092.	<b>9</b>	138,827.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 76,671.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 53,394.	<b>10c</b>	23,277.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,787.	<b>15</b>	1,199,733.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,796,857.	<b>16</b>	3,403,657.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	859,782.	<b>17</b>	1,350,022.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	12,290.	<b>19</b>	15,944.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	165,933.	<b>21</b>	245,933.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	1,204,966.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,038,005.	<b>26</b>	2,816,865.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	446,622.	<b>27</b>	437,206.
	<b>28</b> Net assets with donor restrictions .....	312,230.	<b>28</b>	149,586.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	758,852.	<b>32</b>	586,792.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	1,796,857.	<b>33</b>	3,403,657.

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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 ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,550,496.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,722,556.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-172,060.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	758,852.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	586,792.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

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**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5008330.	5161326.	6082924.	6394242.	6958765.	29605587.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5008330.	5161326.	6082924.	6394242.	6958765.	29605587.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						29605587.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	5008330.	5161326.	6082924.	6394242.	6958765.	29605587.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	257,504.	385,304.	392,256.	408,570.	459,736.	1903370.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						31508957.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,893,084.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.96	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	94.33	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 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.*
- 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).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- 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.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- 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.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- 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?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- 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.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

DRAFT

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

December 15, 2023  
OMB No. 1545-0047

**2022**

Name of the organization

THE SKILLSOURCE GROUP, INC.

Employer identification number

30-0129320

Organization type (check one):

**Filers of:**

**Section:**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
THE SKILLSOURCE GROUP, INC.	30-0129320

**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	VIRGINIA COMMUNITY COLLEGE SYSTEM 300 ARBORETUM PLACE, 3RD FL, STE 30 RICHMOND, VA 23236	\$ 4,371,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL COUNCIL ON AGING 251 18TH STREET SOUTH, STE 500 ARLINGTON, VA 20222	\$ 1,250,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PRINCE WILLIAM COUNTY DEPT. OF ECONOMIC DEVELOPMENT 13575 HEATHCOTE BOULEVARD, SUITE 240, MA286 GAINESVILLE, VA 20155	\$ 580,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VIRGINIA DEPARTMENT OF SOCIAL SERVICES 801 EAST MAIN ST. RICHMOND, VA 23219	\$ 330,481.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE NORTHERN VIRGINIA REGIONAL COMMISSION 3040 WILLIAMS DRIVE, SUITE 200 FAIRFAX, VA 22031	\$ 231,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

30-0129320

## Part II

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

Name of organization

Employer identification number

**THE SKILLSOURCE GROUP, INC.****30-0129320**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

December 15, 2023  
OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2022

Part III

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations

(ii) Related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

- Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 44,572.                         | 21,295.                      | 23,277.        |
| d Equipment   |                                      | 32,099.                         | 32,099.                      | 0.             |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 23,277.        |

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	10,787.
(2) RIGHT OF USE ASSETS	1,188,946.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,199,733.

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,204,966.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,204,966.

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

Schedule D (Form 990) 2022

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	8,008,133.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	457,637.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	457,637.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,550,496.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,550,496.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,180,193.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	457,637.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	457,637.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,722,556.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	7,722,556.

**Part XIII Supplemental Information.**

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

**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.

**PART X, LINE 2:**

FOR THE YEAR ENDED JUNE 30, 2023, SKILLSOURCE HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

**Part XIII** Supplemental Information (continued)

THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED AS EXPENSES ON THE FINANCIAL 457,637.

STATEMENTS AND NETTED AGAINST RENTAL INCOME ON FORM 990,

PART VIII, LINE 6B.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES REPORTED AS EXPENSES ON THE FINANCIAL 457,637.

STATEMENTS AND NETTED AGAINST RENTAL INCOME ON FORM 990,

PART VIII, LINE 6B.

DRAFT

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

December 15, 2023

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE SKILLSOURCE GROUP, INC.

Employer identification number

30-0129320

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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:

**a** The organization? .....

**b** Any related organization? .....

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:

**a** The organization? .....

**b** Any related organization? .....

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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID A. HUNN PRESIDENT & CEO	(i)	184,865.	25,000.	0.	23,618.	13,572.	247,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SEEMA JAIN VICE PRESIDENT OF OPERATIONS	(i)	143,452.	2,835.	0.	16,443.	6,540.	169,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING EMPLOYEES RECEIVED BONUS COMPENSATION:

DAVID HUNN \$25,000

SEEMA JAIN \$ 2,835

DRAFT



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

December 15, 2023  
OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE SKILLSOURCE GROUP, INC.

Employer identification number  
30-0129320

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

TANF/ESLA INITIATIVES

EXPENSES \$ 330,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

GO VIRGINIA

EXPENSES \$ 231,349. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TICKET TO WORK

EXPENSES \$ 163,378. INCLUDING GRANTS OF \$ 0. REVENUE \$ 179,417.

H1B LEAD4IT

EXPENSES \$ 73,408. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

AMERICAN JOB CENTER SECURITY

EXPENSES \$ 119,855. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

UNITED WAY FEC

EXPENSES \$ 147,759. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MANASSAS GRADUATE

EXPENSES \$ 17,080. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAMS

EXPENSES \$ 116,061. INCLUDING GRANTS OF \$ 0. REVENUE \$ 410,215.

DARS SUMMER LEARN AND EARN

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

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
THE SKILLSOURCE GROUP, INC.	30-0129320

EXPENSES \$ 58,126. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EYE PROGRAM

EXPENSES \$ 11,082. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE OFFICERS OF THE NORTHERN VIRGINIA WORKFORCE DEVELOPMENT BOARD ARE MEMBERS OF THE SKILLSOURCE GROUP BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CHAIRMAN, VICE CHAIRMAN, SECRETARY AND TREASURER OF THE NORTHERN VIRGINIA WORKFORCE DEVELOPMENT BOARD (NVWDB), AND THE CHIEF LOCAL ELECTED OFFICIAL (CLEO) WHO IS A MEMBER OF THE NVWDB (COLLECTIVELY, THE "APPOINTED DIRECTORS") AND THE PARLIAMENTARIAN OF THE NVWDB (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 NVWDB.

FORM 990, PART VI, SECTION A, LINE 7B:

THE NVWDB MAY REMOVE ANY APPOINTED DIRECTOR, WITH OR WITHOUT CAUSE, BUT ONLY AT A MEETING OF THE FULL EXECUTIVE COMMITTEE OF THE NVWDB, WHICH MEETING SHALL BE CALLED PURSUANT TO THE PROCEDURES, SET FORTH IN THE BYLAWS OF THE NVWDB.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY SKILLSOURCE GROUP, INC. STAFF FOR ACCURACY. THE SKILLSOURCE GROUP PRESIDENT AND CEO DISTRIBUTE THE FORM 990 BY ELECTRONIC MAIL TO THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS AND REQUEST FOR A

Name of the organization	Employer identification number
THE SKILLSOURCE GROUP, INC.	30-0129320

FORMAL MEETING, IF DEEMED NECESSARY.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL SKILLSOURCE GROUP INC. BOARD OF DIRECTORS AND KEY EMPLOYEES 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 MEMBERS' CURRENT EMPLOYER, OTHER BOARD MEMBERSHIPS, AND ANY KNOWN BUSINESS RELATIONSHIPS WITH THE SKILLSOURCE GROUP, INC.

BOARD MEMBERS WHO HAVE ACTUAL OR POTENTIAL FINANCIAL OR BUSINESS INTERESTS WITH COMPANIES OR ENTITIES WITH WHOM THE ORGANIZATION HAS, OR SEEKS TO ESTABLISH A CONTRACT OR BUSINESS RELATIONSHIP, DECLARE THE INTEREST TO THE PRESIDENT AND CHAIRMAN OF THE BOARD AND REFRAIN FROM ANY CONTRACT-RELATED ACTIVITY INCLUDING NEGOTIATIONS, WHICH MIGHT BE CONSTRUED AS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS TO ESTABLISH THE COMPENSATION OF THE PRESIDENT AND CEO. PERIODICALLY, THE COMMITTEE ENGAGES A QUALIFIED CONSULTING FIRM TO CONDUCT A COMPETITIVE ASSESSMENT OF TOTAL COMPENSATION AND BENEFITS FOR SSG LEADERSHIP POSITIONS (PRESIDENT & CEO VICE PRESIDENT OF FINANCE AND VICE PRESIDENT OF OPERATIONS). THE ASSESSMENT CONSIDERS PUBLISHED SALARY SURVEYS OF NONPROFIT ORGANIZATIONS OF SIMILAR SIZE COMPLEXITY INDUSTRY AND OTHER CRITERIA IN THE GEOGRAPHIC REGION. IT ALSO CONSIDERS DATA FROM IRS FORM 990S OF PEER ORGANIZATIONS. UPON REVIEW OF THE INFORMATION THE PRESIDENT & CEO MAKES RECOMMENDATION FOR CONSIDERATION BY THE COMPENSATION COMMITTEE FOR

Name of the organization

THE SKILLSOURCE GROUP, INC.

Employer identification number

30-0129320

ADJUSTMENTS TO THE VICE PRESIDENTS COMPENSATION. THE BOARD EXECUTIVE COMMITTEE ANNUALLY EVALUATES THE PRESIDENT & CEO COMPENSATION TO MAKE ADJUSTMENT AND BONUS RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHICH REVIEW AND APPROVAL IS REQUIRED. THE LAST COMPENSATION REVIEW TOOK PLACE IN JUNE 2022.

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.

**Virginia Career Works Northern  
Proposed Legislative Position Statement to the Fairfax County Board of Supervisors  
For the 2024 Virginia General Assembly**

DRAFT as of December 7, 2023

**Issue**

In 2015, at the request of Governor McAuliffe, the Virginia General Assembly added new language in the Virginia Code (Chapter 4.2 section 2.2-2472.2) requiring Virginia local workforce development boards to annually allocate no less than 40% of its annual Federal Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker Formula Funding towards jobseeker training costs. In 2020, the Virginia Secretary of Labor amended the regulatory guidance for implementing this policy to allow local workforce boards to include portions of staff salary and benefits costs necessary to prepare the jobseeker for training to be included in this formula calculation.

**In January 2024, Governor Youngkin is expected to propose new General Assembly legislation to amend the Virginia Code to increase the WIOA Training Expenditure Requirement to 50% of a local workforce area's WIOA Adult and Dislocated Worker annual funding allocation.**

**Background**

Each year Congress appropriates Federal funding for the Workforce Innovation and Opportunity Act Title I Adult, Dislocated Worker, and Youth programs. Each State receives a formula-based allocation from this Federal appropriation for each WIOA program. Funds are then allocated to the State's local workforce areas, by formula, to deliver workforce and training services as determined by the WIOA Grant Recipient (Fairfax County Government) and the Local Workforce Development Board (Virginia Career Works Northern).

The VCW Northern Region includes Fairfax, Loudoun and Prince William Counties and the cities of Fairfax, Falls Church, Manassas, and Manassas Park, representing over 2.1 million residents and tens of thousands of employers.

The total costs necessary to operate the local workforce system are covered within the WIOA funding allocated to the local workforce board, to include Center staff salaries and benefits, One Stop Operator costs, jobseeker training, supportive services for jobseekers, local workforce board administrative costs, and marketing and outreach expenses.

The Virginia Career Works Northern Region has achieved the State's 40% WIOA Training Requirement, as follows:

<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
Yes	Yes	No	No	Yes	Yes (Projected)

### **Recommendation for Proposed Legislative Position of Fairfax County Government**

The Virginia Career Works Northern Region Board of Directors requests the Fairfax County Board of Supervisors to oppose this proposed legislation to increase the WIOA Training Expenditure Requirement for Virginia local workforce areas.

- A WIOA Training Spending requirement limits local flexibility to administer WIOA programs to best meet the needs of jobseekers. A higher training expenditure requirement will greatly impact American Job Center staffing levels in Northern Virginia, including Fairfax County employees funded through the WIOA program.
- Reductions and fluctuations in annual Federal WIOA funding to the Northern Virginia workforce area reduces consistent planning and predictability, forcing decisions to reduce staffing levels to meet the State training expenditure requirement. With continued reductions in Federal WIOA funding, a WIOA Training Expenditure increase will require local workforce area staffing reductions in FY 2025 and FY 2026.
- As a State Code requirement, this spending issue becomes an Audit Finding for local governments if the WIOA Expenditure level is not met by a local workforce development area.

**The SkillSource Group, Inc.**  
**Incumbent Worker Training Grants Review**  
**December 15, 2023**

**Summary of Grant Requests**

In FY 2024, \$80,000 in funding has been allocated for Incumbent Worker Training (IWT). Approximately \$47,058 has been obligated in IWT funding, leaving \$32,942 remaining in IWT funding.

<b>Company</b>	<b>Company Size</b>	<b>Total Training Cost</b>	<b>Total Grant Request</b>	<b>% of Total Training Cost</b>	<b>Total Employees Trained</b>	<b>SSG Cost Per Employee Trained</b>	<b>Certifications</b>
<b>iPower, LLC</b>	24	\$1,915	\$1,915	90% (employee wages are being used as match)	1	\$1,915	Certified Power BI Training (1)
<b>TOTAL/AVG</b>	--	<b>\$1,915</b>	<b>\$1,915</b>	--	<b>1</b>	--	--

December 4, 2023

David Hunn  
SkillSource President and CEO  
8300 Boone Boulevard  
Suite 450  
Vienna, Virginia 22182

Re: Northern Virginia Incumbent Worker Training Grant Application

Dear Mr. Hunn:

iPower provides consulting services, internal auditing services, external appraisals, and other services. In doing so, we have a need to accurately report data internally and to our customers. In an effort to reduce errors and effort, we plan to implement Power BI to automate the process of creating and updating these reports. We would like to formally train one iPower employee in Power BI, which entails taking a three-day training class and a certification exam.

Obtaining this skill will increase iPower's efficiency through automation by allowing the company to produce more accurate reports for our customers while using less labor. It will allow us to replace manual processes which are prone to errors.

This certification benefits our employee by expanding their knowledge and skills in a key reporting tool, allowing them to be confident in the reports they are distributing knowing they are accurate. It will enhance their value to iPower as each customer has different reporting requirements and the tool is flexible to create multiple reports and formats allowing them to better serve our customers and meet their needs. Their individual resume as well as the capabilities of our woman-owned small business will be greatly enhanced.

The cost of the requested training for one employee is \$1750.00 for the training and \$165.00 for the exam. Total wages of \$821.76 will be paid to the employee while sitting for three days in this training class. Therefore, we are requesting that wages in the amount \$821.76 be applied to our 10% matching contribution. We are seeking a total reimbursement of \$1,915.00.

Sincerely,



Deborah A Hunt  
President/CEO, iPower LLC

Enclosure: Northern Virginia Incumbent Worker Training Request Form



**The SkillSource Group, Inc. and  
The Northern Virginia Workforce Development Board (Area #11)**

**Incumbent Worker Training Application Form**

**Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**# of Employees:** \_\_\_\_\_

**Industry Type:** \_\_\_\_\_

**Detailed Description of Incumbent Worker Training Request:**

**Types of Occupations Impacted:**

**Identified Training Provider**

**Total Costs Per Trained Incumbent Worker**

**Signature\***

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\*Signed form to be submitted with letter of request on Employer stationery.

## Incumbent Worker Training Application Form Addendum

### **Detailed Description of Incumbent Worker Training Request:**

To support iPower's Consulting and Auditing services, iPower employees must learn Power BI to support reporting requirements and accuracy of reports.

An employee trained in Power BI will gain the skills and knowledge necessary to create report templates, accurate automated reporting, reporting dashboards, and the ability to support iPower customer reporting with accuracy. The 3 day class includes three primary topics to include:

- *Microsoft Power BI Desktop – Creating Visual Reports Course*
- *Microsoft Power BI Desktop – Power Query Editor and DAX Programming*
- *Microsoft Power BI Pro Web – Creating Dashboards*

*The employee will receive proper training in the use of the Power BI tool and will be required to take and pass a certification exam at the end of the training. Once the employee takes the training and passes the exam at the end of the class, they will become certified in the use of Power BI.*

iPower's employee plans to take the required training in the first quarter of 2024.

### **Total Costs Per Trained Incumbent Worker:**

Training Course cost:	\$1750.00
Certification exam cost:	\$165.00
No of employees taking exam:	1 employee
Total cost:	\$1915.00
Course plus exam duration	3 days (24 hrs)
Employee hourly wages:	\$34.24
Total wages	\$821.76

# Department of Family Services

## Employment & Training Team Report

thru October 2023

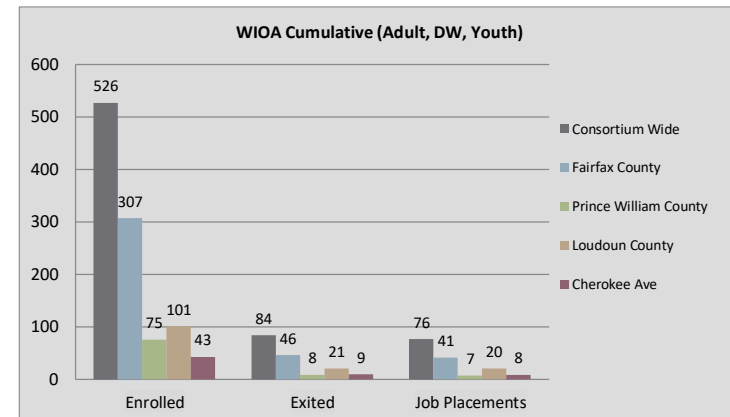
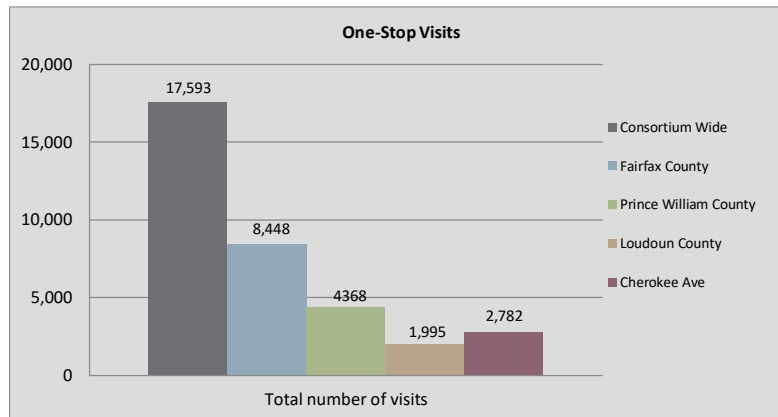


- Pages 1-2: Workforce Innovation and Opportunity Act Program
- Page 3: Workforce Innovation and Opportunity Act/Other Grants
- Page 4: ITA and OJT Breakdown
- Page 5: Senior Community Service Employment Program (SCSEP)
- Page 6: Elevate (Tables 1 & 2)



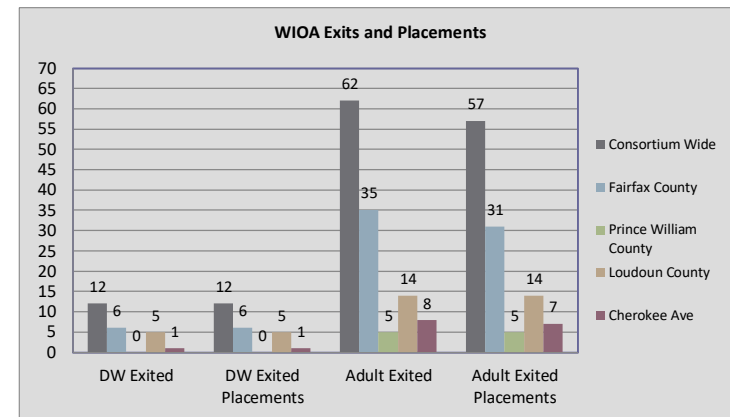
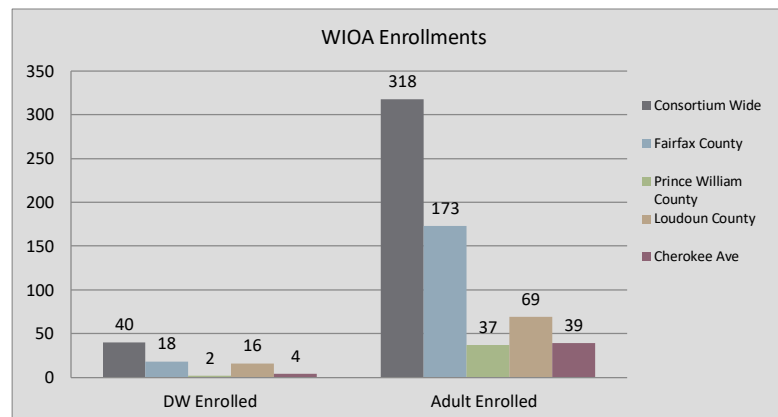
**Northern Virginia Workforce Development Area, LWDA XI**  
WIOA Adult, Dislocated Worker, and Youth Statistics (July 1, 2023 - October 31, 2023)

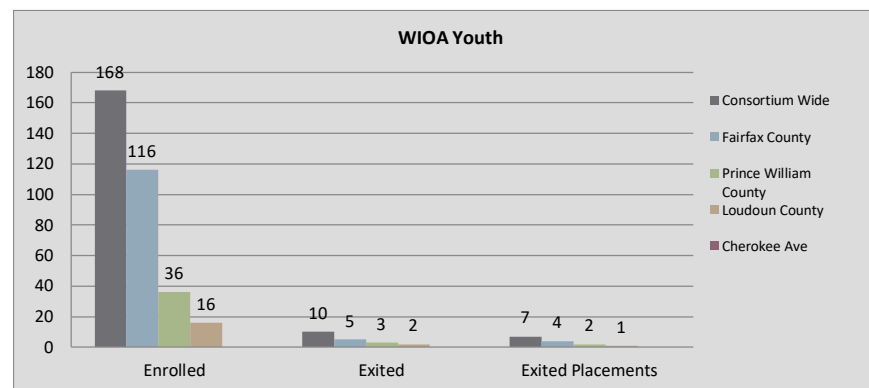
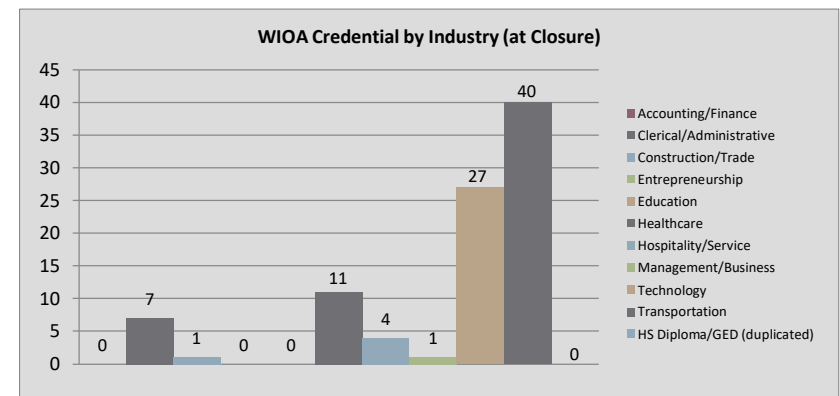
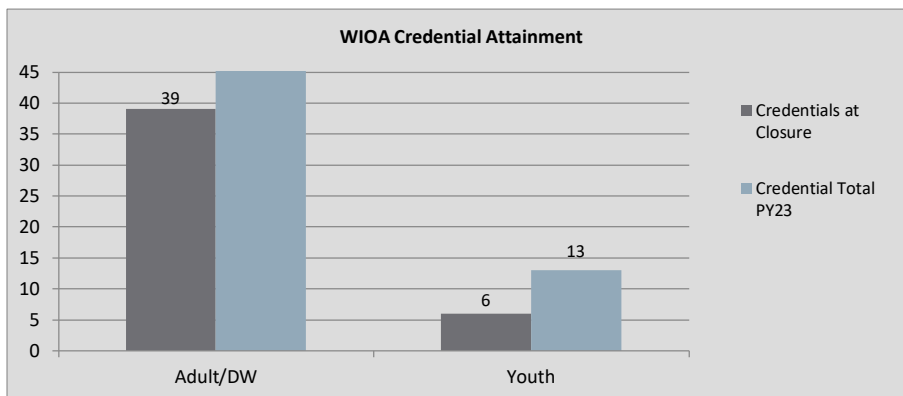
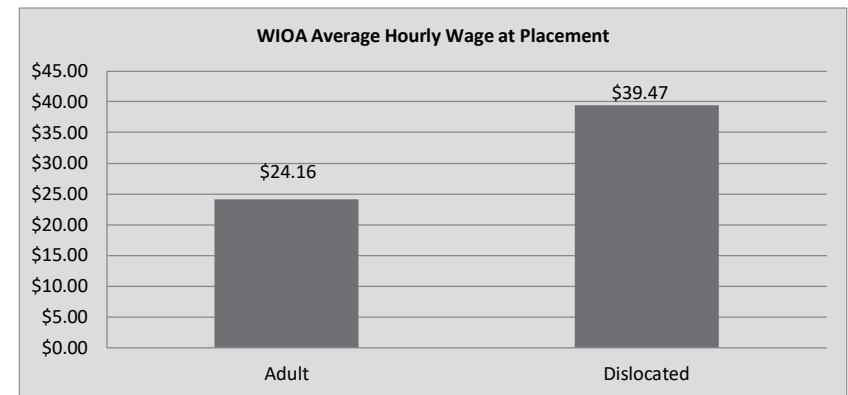
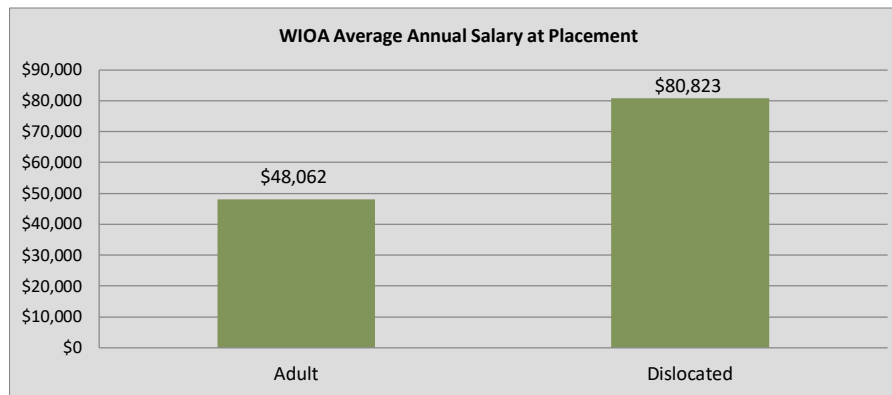
At-A-Glance		
One-Stop Services*	WIOA Services (Youth/Adult/DW)	All Employment & Training Programs
Center Visits 17,593	Total Participants 526	
One-Stop Job Placements 29	WIOA Job Placements 76	Total Enrolled 526
Average Hourly Wage at Placement \$27.30	Average Hourly Wage at Placement (Adult) \$24.16	Total Exited 84
* Visit numbers include in-person and virtual services being provided by center programs. Note: Core placements are updated quarterly.	Average Hourly Wage at Placement (DW) \$39.47	Total Job Placements 76
	Average Hourly Wage at Placement (Youth) \$17.47	Total Participants with Disabilities 137
	Credentials Received in PY23 67	Total Veterans 12
	Credentials Received at Closure 45	



\*IWT not included, see Page 3 for Data

**WIOA Breakdown - Adult, Dislocated Worker and Youth**

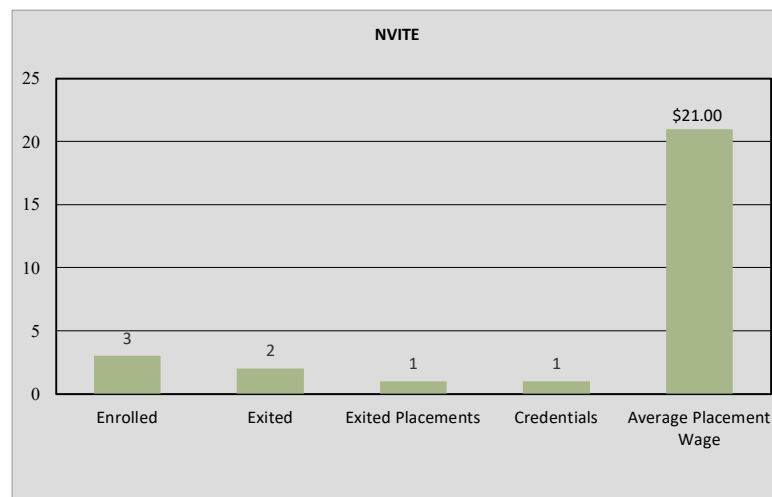
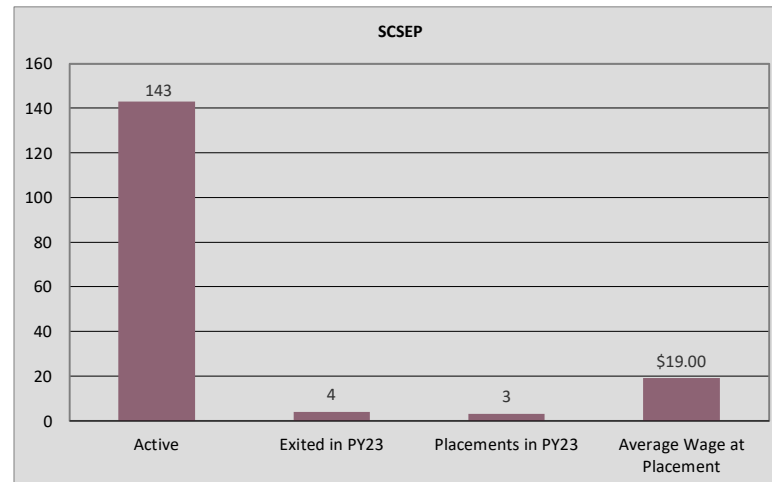




# **Northern Virginia Workforce Development Area, LWDA XI**

WIOA Grants and Other Programs Statistics (July 1, 2023 - October 31, 2023)

## **Non-WIOA Grants**



### Breakdown of ITAs and OJTs

*As of October 31, 2023*

ITAs/INDUSTRY	Obligated Funds	Additional Training Expenses	WIOA YOUTH		WIOA ADULT/DW		TOTAL
			Number	Percent	Number	Percent	
Accounting/Finance (AF)	\$3,094.00		0	0.0%	4	3.0%	4
Clerical /Administrative (CA)	\$36,074.00		1	4.5%	12	13.0%	13
Construction / Trade (CT)	\$6,900.00		4	14.0%	1	1.0%	5
Education (Ed)	\$0.00		0	0.0%	0	0.0%	0
Healthcare (He)	\$95,913.00		19	63.5%	18	18.0%	37
Hospitality Services (HS)	\$13,399.00		1	4.5%	3	2.0%	4
Literacy (LA)	\$670.00		2	9.0%	0	0.0%	2
Management/Business (MB)	\$24,757.00		0	0.0%	13	13.0%	13
Technology (Tech)	\$53,711.00		2	4.5%	24	25.0%	26
Transportation (TR)	\$112,500.00		0	0.0%	26	25.0%	26
Others	\$0.00		0	0.0%	0	0.0%	0
<b>TOTAL</b>	<b>\$347,018.00</b>	<b>\$0.00</b>	<b>29</b>	<b>100.0%</b>	<b>101</b>	<b>100.0%</b>	<b>130</b>

ITAs / INDUSTRY	Obligated Funds
Accounting/Finance (AF)	\$3,094
Clerical /Administrative (CA)	\$36,074
Construction / Trade (CT)	\$6,900
Education (Ed)	\$0
Healthcare (He)	\$95,913
Hospitality Services (HS)	\$13,399
Literacy (LA)	\$670
Management/Business (MB)	\$24,757
Technology (Tech)	\$53,711
Transportation (TR)	\$112,500
Others	\$0
<b>TOTAL</b>	<b>\$347,018.00</b>

OJT Obligated by Grants	OJT /WEX Amount
WIOA Adult	\$14,247
WIOA DW	\$742
Youth	\$39,616
<b>TOTAL</b>	<b>\$54,605</b>



**Northern Virginia Workforce Area #11**  
**SCSEP Monthly Report - October 2023**

SCSEP Eligible Clients Identified	Jul-23	Aug-23	Sep-22	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
SCSEP Active Participants	121	124	127	143								
Transferred to NCOA Data Team	0	0	0	0								
Participants on LWOP	4	3	5	7								
New SCSEP Enrollments	4	4	9	3								
Re-Enrollements	0	1	1	1								
Average Age of Enrolled	67	66	66	66								
New SCSEP Applications Received	4	4	20	34								
Exited from Program	1	3	3	4								
Exited with Placement	0	0	2	1								
Average Employed Monthly Wage	\$ -	\$ -	\$ 19.93	\$ 19.00								
Information Session Attendance		9	12									
Active Host Site Agencies	29	29	28	28								
Host Site Agencies with Slots	3	1	2	2								
Number of Avalable Slots	4	2	2	3								
Participants Referred to Host Site	4	1	2	3								
New Host Site Agencies Contacted	1	0	2	1								
Host Site Agencies Contacted												
Active Host Site Agencies												
Referral from WIOA One Stop Centers	15	12	7	8								
Dual Enrolled with WIOA	1	1	0	0								



**ELEVATE September 2023 Monthly Report**  
**Prince William County**  
**March 2022-October 2024**

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Cumulative.	Goals
<b>Job Seeker Services</b>																						
Initial Assessments	36	46	37	52	35	41	35	24	24	29	62	43	53	27	60	27	21	66	71	145	934	1,000
Individualized Career Services (Enrolled)	10	13	13	23	16	19	16	9	3	5	17	11	9	5	6	9	5	5	4	4	202	200
<b>Started Training</b>	2	2	4	8	7	2	4	5	1	0	8	15	2	6	8	7	8	5	7	2	103	150
a. Occupational Training	1	0	3	8	5	1	3	4	1	0	6	15	2	3	6	6	8	5	7	2	86	-
d. OJT Training	1	2	1	0	2	1	1	1	0	0	0	0	0	1	1	0	0	0	0	0	11	-
e. Work Experience (WEX)	0	0	0	0	0	0	0	0	0	0	2	0	0	2	1	1	0	0	0	0	6	-
Training/Support Services Amount Obligated	\$1,221	\$12,058	\$8,705	\$16,080	\$25,988	\$19,081	\$5,689	\$16,410	\$0	\$6,049	\$25,062	\$38,004	\$15,955	\$18,190	\$27,388	\$23,067	\$32,194	\$26,876	\$17,874	\$10,480	\$346,371	\$475,438
<b>Completed Training</b>	0	1	1	3	7	5	0	6	3	0	0	2	7	0	3	5	5	8	5	5	66	-
a. Occupational Training	0	1	1	3	7	4	0	4	2	0	0	2	5	0	2	4	4	6	5	5	55	105
c. OJT Training	0	0	0	0	0	1	0	2	1	0	0	0	0	0	0	0	0	1	0	0	5	-
d. Work Experience (WEX)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	1	1	1	0	0	6	-
Placed in Employment	1	2	2	0	2	4	6	2	2	12	3	7	4	2	5	11	4	5	5	4	83	140
Hourly Wage	\$17	\$18	\$24	\$0	\$20	\$20	\$19	\$25	\$27	\$22	\$20	\$23	\$21	\$22	\$20	\$21	\$37	\$19	\$21	\$28	\$22	\$17
<b>Employer Services</b>																						
New Employer Contacts	32	55	19	18	17	16	15	38	7	5	10	5	9	10	20	4	2	4	9	20	315	300
Employers Served	15	21	12	4	7	4	4	3	26	12	3	10	5	4	31	11	5	5	6	39	227	75
Employer/Job Seeker Connections	6	85	14	12	248	14	9	2	75	12	4	5	5	5	77	11	5	5	5	120	719	-
Job Offers	1	4	3	3	3	4	6	2	2	12	2	7	1	2	5	10	5	5	5	4	86	-
New Hires*	1	4	3	3	3	4	6	2	2	12	2	7	1	2	5	10	5	5	5	4	86	-
Average Hourly Wage	\$17	\$17	\$18	\$18	\$19	\$20	\$19	\$25	\$27	\$22	\$20	\$23	\$17	\$22	\$20	\$25	\$37	\$19	\$21	\$28	\$22	-
Employees Served through IWT Contracts	0	0	1	0	0	0	3	12	0	0	1	2	9	0	1	-	7	-	43		79	-
IWT Amount Obligated	\$0	\$0	\$899.00	\$0	\$0	\$0	\$ 7,275	\$ 13,096	\$0	\$0	\$4,572	\$ 4,341	\$ 1,080	\$0	\$4,572	\$ -	\$ 1,050.00		\$10,758		\$47,643	\$ -

\*New Hires is a combination of OJT's and direct placements with PWC employers

**FY 2024 ITA Provider Summary**

July 1-October 31, 2023

**A. ITA Obligated by Providers**

Provider (A-Z)	Training amount	Number of ITA	Training Industries
160 Driving Academy	\$4,500.00	1	Transportation
1st CDL Training Center of NOVA	\$26,000.00	6	Transportation
7 CDL Driving School	\$9,000.00	2	Transportation
AAA CDL School	\$14,500.00	4	Transportation
American Inst., Health, Science & Tech.	\$9,000.00	3	Health
ASM Education Center	\$3,948.00	2	Tech
Astar Education Institute	\$8,424.00	4	Health
AVI Career Training	\$4,500.00	1	HS
Catholic University	\$1,195.00	1	MB
CDS Tractor Trainer	\$9,000.00	2	Transportation
CFA Institute	\$1,600.00	1	AF
Clary's LPN School of Nursing	\$450.00	1	Health
Fairfax County Public School	\$43,404.00	20	AF, Health & CT
George Mason University	\$25,714.00	13	CA, MB & Tech
Germanna Community College	\$700.00	1	CT
Global Educational Institute	\$1,405.00	1	Health
Impact Tek	\$19,705.00	11	Technology
Intellectual Point	\$11,289.00	7	Technology
James Madison University	\$3,995.00	1	CA
Joyce Carelock Ministries	\$21,000.00	7	CA
Kitchen of Purpose	\$5,000.00	1	HS
Le Arai	\$2,500.00	1	HS
Learnix	\$3,500.00	1	Technology
Medcerts	\$4,000.00	1	Health
Medical Education Center	\$20,205.00	7	Health
NVCC	\$26,940.00	11	Health & Technology
PeopleN Tech	\$9,500.00	2	Technology
PWPS	\$175.00	1	LA
Security University	\$2,500.00	1	Technology
Shipper's Choice	\$45,000.00	10	Transportation
Smarthpath	\$1,299.00	1	MB
Spectrum Beauty Academy	\$5,650.00	1	HS
Three T Institute	\$7,625.00	3	Technology & MB
Topcurl Beauty Academy	\$3,100.00	1	HS
<b>TOTAL</b>	<b>\$356,323.00</b>	<b>131</b>	

**B. ITA Obligated by Grants**

Funding	Training Amount
WIOA Adult	\$256,103.00
WIOA Dislocated	\$19,015.00
WIOA Youth	\$81,205.00
<b>TOTAL</b>	<b>\$356,323.00</b>

# Northern Virginia Workforce Innovation and Opportunity Act--LWDA XI

July 1 - October 31, 2023

## FY 2024 OJT Provider Summary

### A. OJT/WEX Obligated by Providers:

Provider (A-Z)	Name of OJT/WEX	Training Industries
About Face Center	Office Asst.	EYE Program
AIR Venture Assets INC DBA FirstLight Home Care	Office Administrator	Healthcare
DavisReederHalDVM, PLC	Summer EYE Participant	CT
FCPS ACE	HVAC Technician, Admin. Support	Accounting/Finance, Healthcare & Technology
First Light Home Care	Home Care	Health
Frizzles____		EYE Program
Infrastructures Team, IT Services	IT Technician Intern	Technology
Premier Insurance	Insurance support	HS
Velvet Wax & Beauty	Operations Assistant	HS
VP Services	Summer EYE Participant	

### B. OJT/WEX Obligated by Grants:

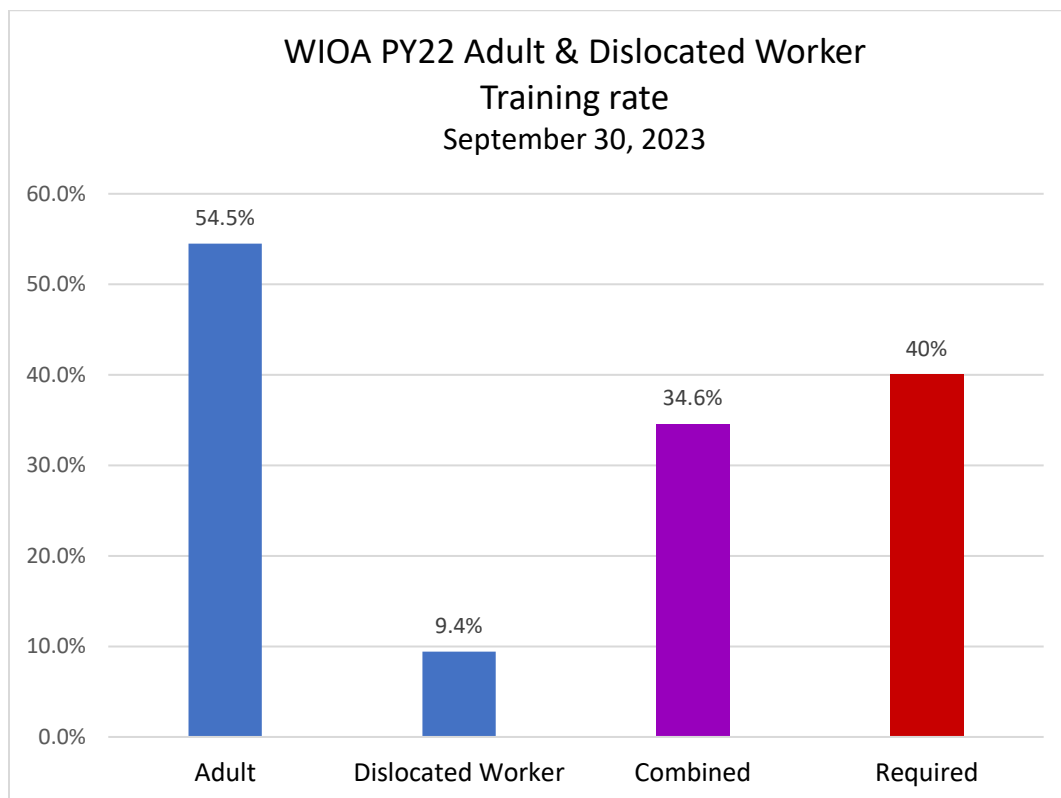
Grant	OJT/WEX Amount
WIOA Adult	\$14,247
WIOA DW	\$742
Youth	\$39,616
<b>Total</b>	<b>\$54,605</b>

**THE SKILLSOURCE GROUP, INC.**  
**BOARD OF DIRECTORS MEETING**  
**SUMMARY SHEET**

**SUBJECT: Update on PY22 WIOA 40% Training Expenditure Rate**

PY 2022 Training rate as of September 30, 2023:

Per VW: #14-17, Change 2& 3	Adult	Dislocated Worker	Combined
<b>WIOA PY22– NOO (less 10% Administration)</b>	<b>1,704,787.20</b>	<b>1,353,235.50</b>	<b>3,058,022.70</b>
Training expenditure	627,303	48,825	676,127
Portion of case managers' compensation for provision of training services	301,990	78,887	380,877
<b>Total Training</b>	<b>929,293</b>	<b>127,711</b>	<b>1,057,004</b>
<b>Training percentage</b>	<b>54.5%</b>	<b>9.4%</b>	<b>34.6%</b>



STAKEHOLDER ADVISORY GROUP

## Transition Updates: Logo Announcement



## STAKEHOLDER ADVISORY GROUP

## Transition Updates: Functional Transition Timeline

We are pleased to announce that the Phase III transitioning programs will be moving to the DWDA ahead of schedule! Along with the scheduled transition of the VEC workforce services programs, the VCCS WIOA Title I program will be moving over on January 15, 2024. This will officially conclude the transitioning program/staff process.

### Updated Phased Transition in Oversight of Workforce Programs by the DWDA



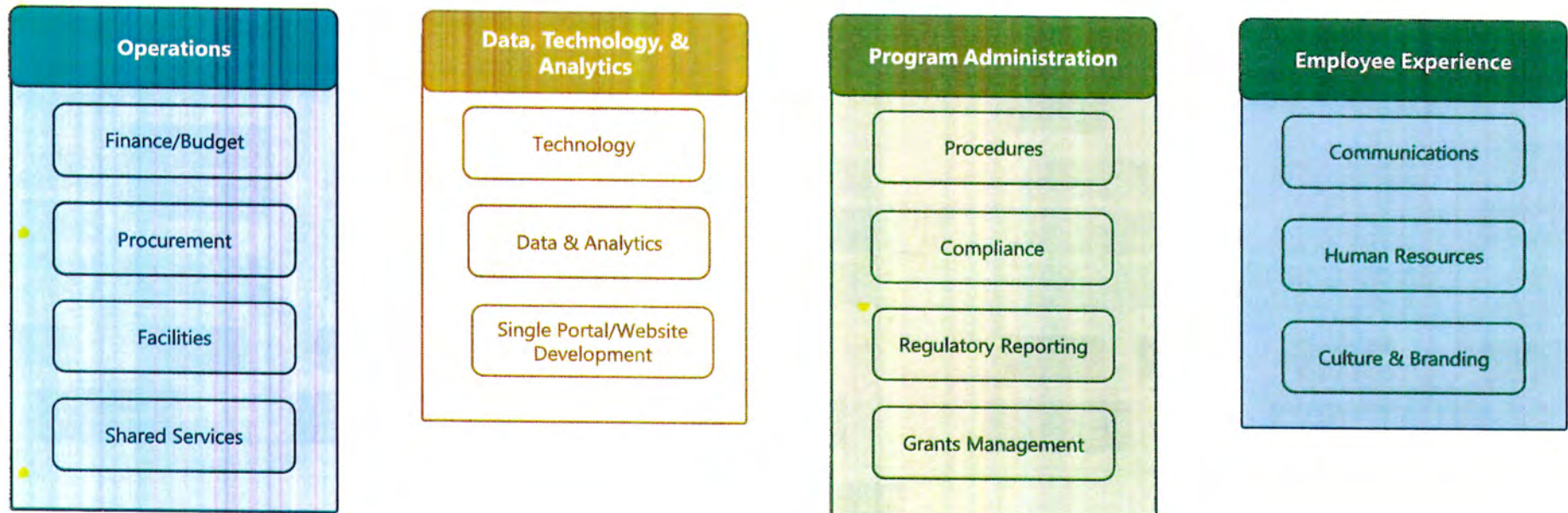
**Portals & Systems that are also transitioning include: Virginia Career Works Portal & Data Trust, Workforce Connection (VAWC), Virginia Voyager, Virginia Workforce Career Information System, Premier Virtual, WOTC, Farm Placement, and other VEC internal back-office systems.**



## STAKEHOLDER ADVISORY GROUP

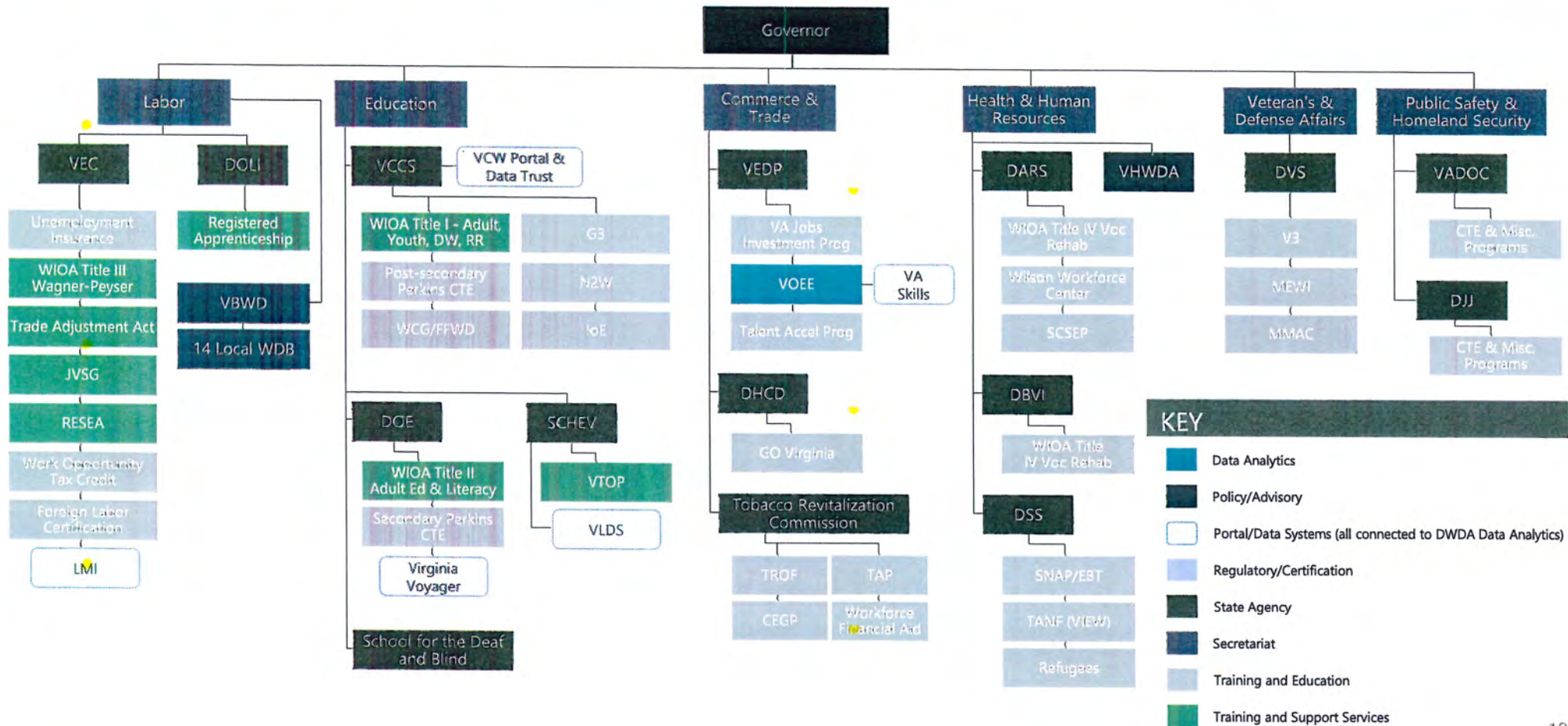
## Transition Updates: Agency Transition Workstreams

*The Agency Transition Workstream Leads meet weekly with the Secretary of Labor and his staff to discuss the progress of the transition.*



## STAKEHOLDER ADVISORY GROUP

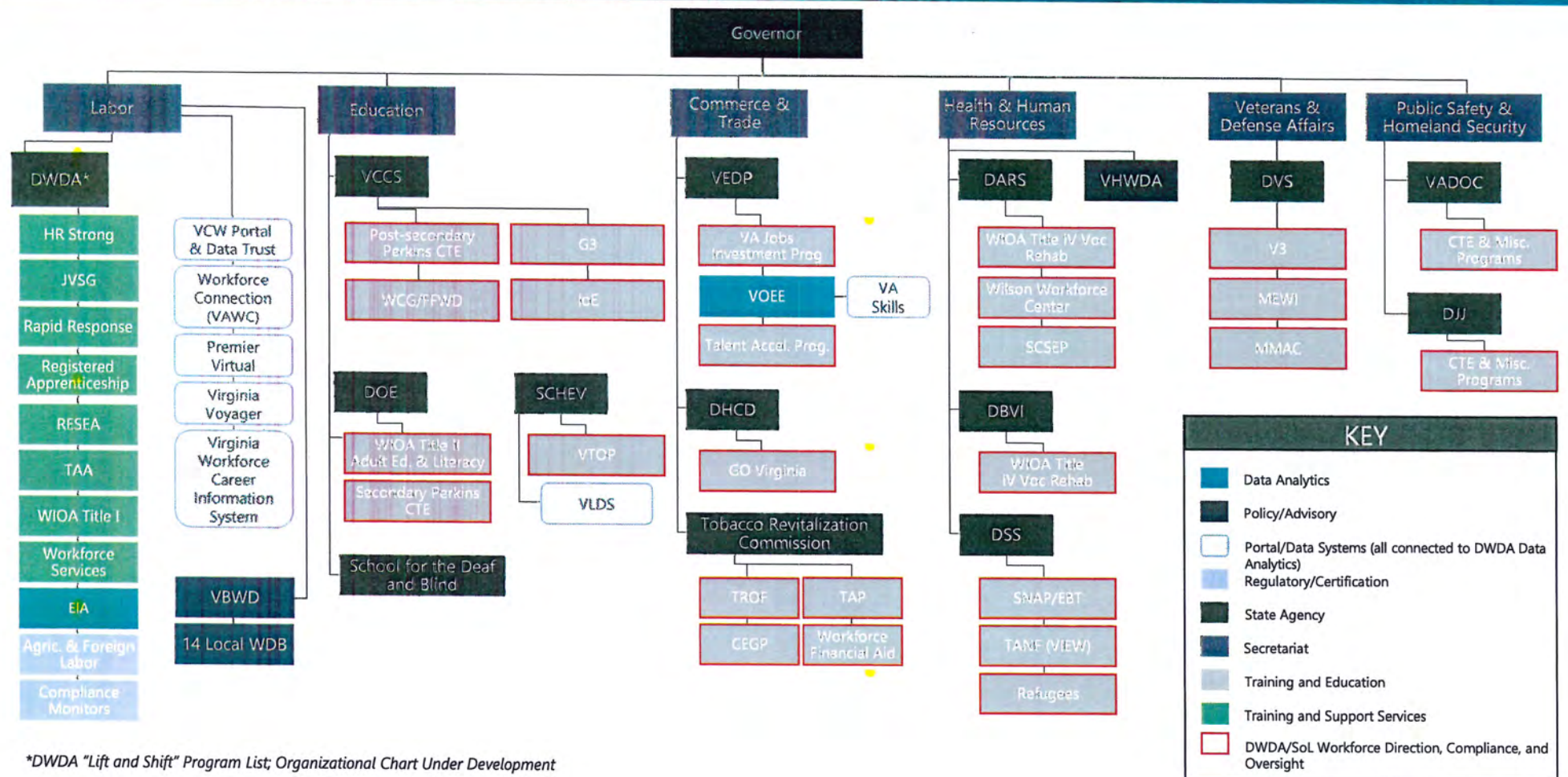
## Workforce Development Program List Prior to July 2023





## STAKEHOLDER ADVISORY GROUP

## Workforce Development Programs Post-July 2023



\*DWDA "Lift and Shift" Program List; Organizational Chart Under Development



## STAKEHOLDER ADVISORY GROUP

## Evolving List of Workforce Development Programs Post-July 2023

**COMMERCE AND TRADE**

DHCD	Appalachian Regional Commission-Southwest Virginia Community College Automotive
DHCD	Growth and Opportunity Fund (GO Virginia)
DHCD	Southeast Crescent Regional Commission (SCRC)
VCEDA	Workforce Development Training Fund
VEDP	Advanced Manufacturing Talent Investment Program and Fund Pilot
VEDP	Talent Accelerator Program
VEDP	Virginia Jobs Investment Program (VJIP)
VIPC	Commonwealth Center for Advanced Manufacturing
VIPC	Cyber Security Institute
VTRR	Competitive Education Awards
VTRR	Talent Attraction Program
VTRR	Workforce Financial Aid

**EDUCATION**

DOE	Adult Education
DOE	Perkins
DOE	STEM Industry Internship (Virginia Tech-Space Industry Consortium)
SCHEV	Innovative Internship Program
SCHEV	New Economy Workforce Credential Grant (aka FastForward)
VCCS	Advanced Regional Technology & Workforce Academy in Norfolk
VCCS	Botetourt County Education and Training Center and Roanoke Higher Education Center
VCCS	Get Skilled, Get a Job, Give Back (G3) Innovation and Program Grants
VCCS	Institutes of Excellence for Non-Credit Training and Instruction
VCCS	Mecklenburg County Job Retraining Center
VCCS	Postsecondary Career and Technical Educations (PERKINS)
VCCS/DWDA	WIOA Adult
VCCS/DWDA	WIOA Dislocated Worker
VCCS/DWDA	WIOA Youth
VCCS/Tidewater Community College	Apprenticeship-Related Instruction
VCCS-HRWC	Hampton Roads Skilled Trades Rapid On-ramp Network for Growth (HR STRONG)
VCCS-PCC	Network2Work

**FINANCE****Tech Talent Investment****TRANSPORTATION**

DMV	Drive to Work
DPRT	DPRT Workforce Development - Transportation

**HEALTH AND HUMAN RESOURCES**

DARS	State General Vocational Rehabilitation (VR) Program
DARS	The Senior Community Service Employment Program (SCSEP)
DARS	Wilson Workforce and Rehabilitation Center (WWRC)
DBHDS	Behavioral Health Institute
DBHDS	EMDR (Eye Movement Desensitization and Reprocessing) basic Training certification (evidence-based practice for the treatment of trauma)
DBHDS	Peer Recovery Specialist
DBVI	Vocational Rehabilitation Program
DSS	Refugee Resettlement
DSS	Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T)
DSS	Virginia Initiative for Employment Not Welfare (VIEW)

**LABOR**

DOLI/DWDA	Registered Apprenticeship
VEC/DWDA	Employment Service Program
VEC/DWDA	Foreign Labor Certification
VEC/DWDA	Jobs for Veterans (JVSJ)
VEC/DWDA	Reemployment Services and Eligibility Assessment (RESEA)
VEC/DWDA	Trade Adjustment Assistance (TAA)
VEC/DWDA	Work Opportunity Tax Credit

**PUBLIC SAFETY**

DFP	Training and Professional Development
DJJ	Workforce Development initiative
DOC	CTE & Other Misc. Programs

**VETERANS AND DEFENSE AFFAIRS**

DVS	Military Education & Workforce Initiative (MEWI)
DVS	Military Education and Workforce Initiatives Program Credentialing and Certification- Pathways to Employment Program
DVS	Military Medics and Corpsman Program (MMAC)
DVS	State Approving Agency OJT/ Apprenticeship
DVS	Virginia Values Veterans (V3)

**NATURAL AND HISTORIC RESOURCES**

VMRC	Waterman's Apprentice Program
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## STAKEHOLDER ADVISORY GROUP

# Metrics Tracking and Reporting for All State Workforce Development Programs



## Purpose

- To bolster and better understand programmatic impact, Virginia Code now requires new, on-going metrics tracking and reporting for state workforce development programs.



## Benefits

- Increases customer and stakeholder transparency.
- Enables historical measurement of programmatic success.
- Leverages data-driven insights to inform improvements.



## Progress

- Metric definitions alignment with data stakeholders.
- Initial dashboard concept designed.
- Preparation for initial tracking underway.



## Next Steps

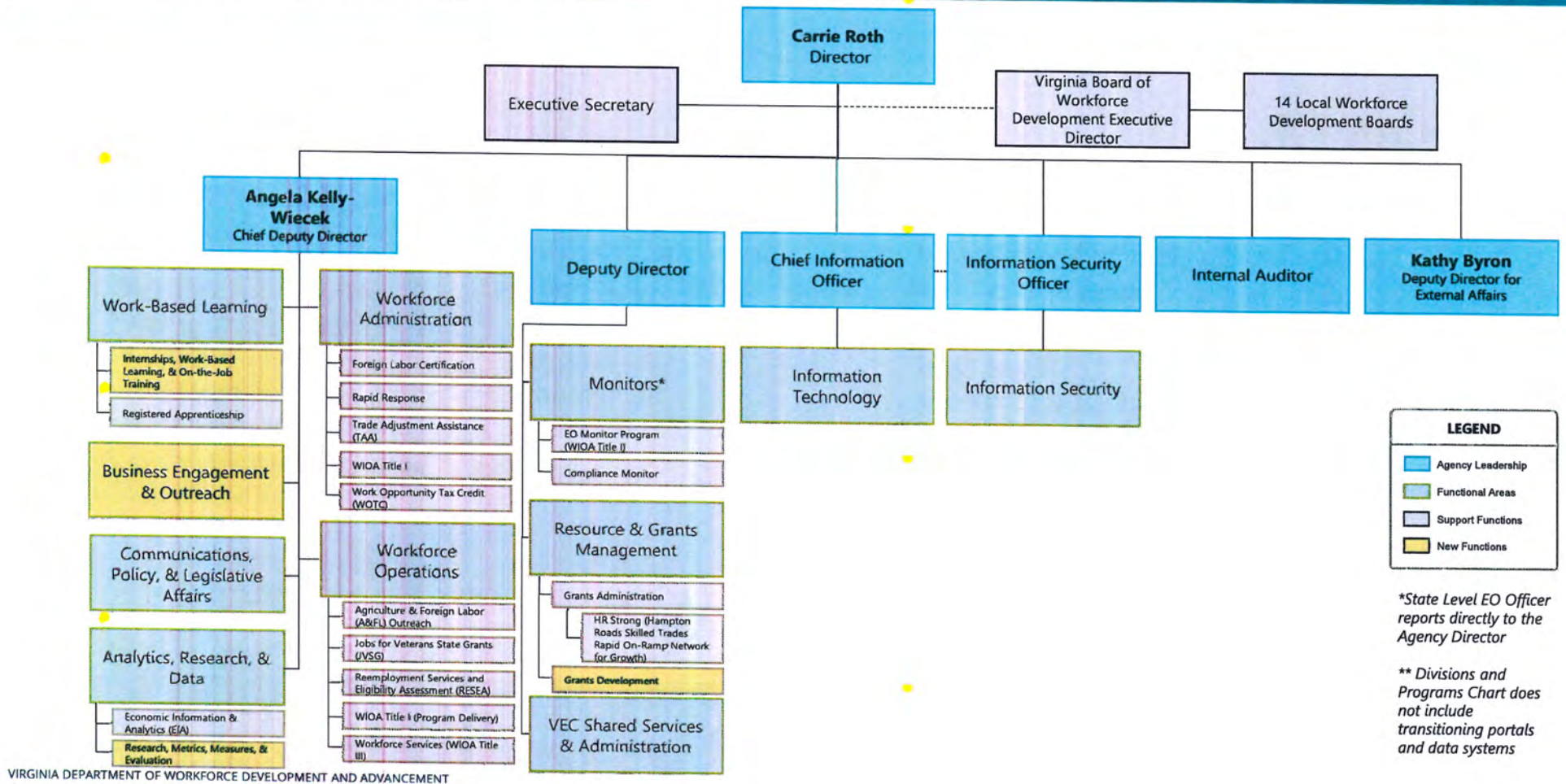
- Initial baseline and/or metric tracking for DWDA programs and engagement with broader workforce development program leadership will be initiated by Director Roth in December.

*§ 2.2-2037-5. Regularly track metrics relating to workforce development programs and establish a mechanism to help assess the adequacy of Department services and programs.*

**As progress is made in the stand-up of metrics tracking and reporting, additional information will be available.**

## STAKEHOLDER ADVISORY GROUP

## Transition Updates: DWDA Program Structure






STAKEHOLDER ADVISORY GROUP

## Feedback on Local Workforce Center Site Visits

*Last month, we distributed a survey to each of you with an ask to help us improve workforce development service delivery. Since then, **we have received only one response.***



As a reminder, your input will inform the Phase III Discovery and Delivery strategy, providing initiative leaders guidance on focus areas to prioritize at the local level.

### BY OUR NEXT MEETING IN JANUARY:

- 1 Visit your Local Workforce Center.
- 2 Talk to staff about programs and services.
- 3 Collect impressions on workforce development service delivery.
- 4 Report out your findings through the survey.



STAKEHOLDER ADVISORY GROUP

# The Path Forward

The establishment of the DWDA, including the transition of people, programs, services, and systems will take place over three distinct phases and run through FY 2025.

WE ARE HERE

KEY ACTIVITIES

## PHASE 1: AGENCY PLANNING (COMPLETE) (April '23 – July '23)

- ✓ Conducted a baseline data call.
- ✓ Developed a Memorandum of Understanding (MOU).
- ✓ Designed the Implementation, Communications, and Change Management Plans.
- ✓ Stood up agency transition workstreams.

## PHASES 2&3: DWDA STAND UP & DISCOVERY (UNDERWAY) (July '23 – July '24)

- ✓ Auditing and discovering all current programs associated with Workforce Development.
- ✓ Developed the Organizational Design of the DWDA.
- Identifying Standard Operating Procedures and upcoming activities.
- Discovery of agency improvements and efficiencies.
- Functionally transitioning people, programs, services, and systems.
- Implementing the change management activities to cultivate the DWDA culture.
- Documenting program evaluation criteria methodology.

## PHASE 4: DRIVING SUCCESS (UNDERWAY) (July '24 – July '25)

- Refine and support the implementation of success metrics for each workforce development program.
- Support and drive the measurement of improvements across all workforce programs.
- Deliver agency improvements and efficiencies.
- Perform an evaluation of government-wide workforce programs.
- Train and coach personnel as needed to drive improved program outcomes.

LEGEND

- ✓ Complete
- Upcoming
- Underway



**8270**  
GREENSBORO

# Desire to Inspire

8270 GREENSBORO DRIVE | TYSONS

8270

UNITED BANK

cafe ile

PARKING





**8270**  
GREENSBORO

8270 Greensboro Drive is one of the last signature opportunities situated centrally within Tysons' most desirable block. Adjacent to The Boro, tenants have immediate access to numerous dining, retail, and entertainment options, as well as an easy 4-minute walk to Greensboro Metro Station.



Lobby



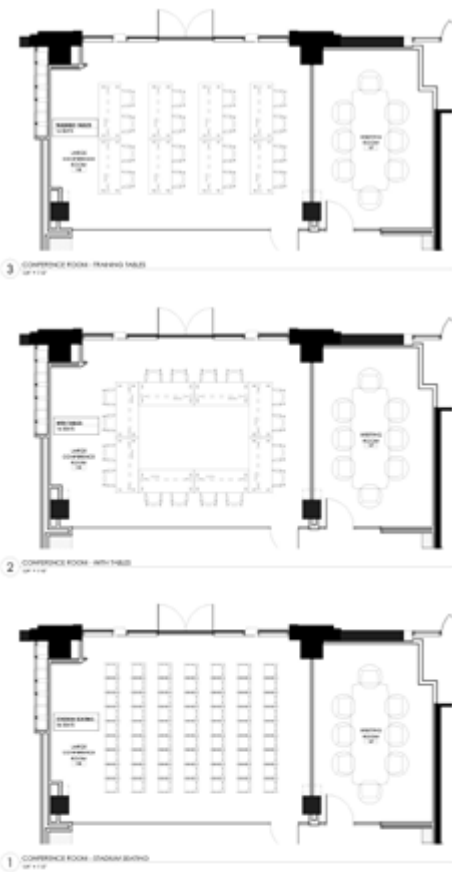
 **VIRTUAL TOUR**

Tenant Lounge



## Building Features

- Transformational interior renovations include: inviting lobby with modern finishes, seating areas, and direct access to the tenant lounge; 56-person conference facility with access to a private outdoor seating area; and tenant lounge with kitchenette, multiple seating areas, and private booths
- Prestigious on-site restaurant, Café Ile, serving breakfast, lunch, and dinner
- Upgraded new exterior with industrial and natural elements
- One of the only “column-less” buildings in Tysons
- Four sides of glass with sweeping views of Tysons, DC, and the Blue Ridge Mountains
- Parking ratio of 3.0/1,000 SF



Conference Room



Exterior Entrance



Tenant Lounge



On-site Café Ile

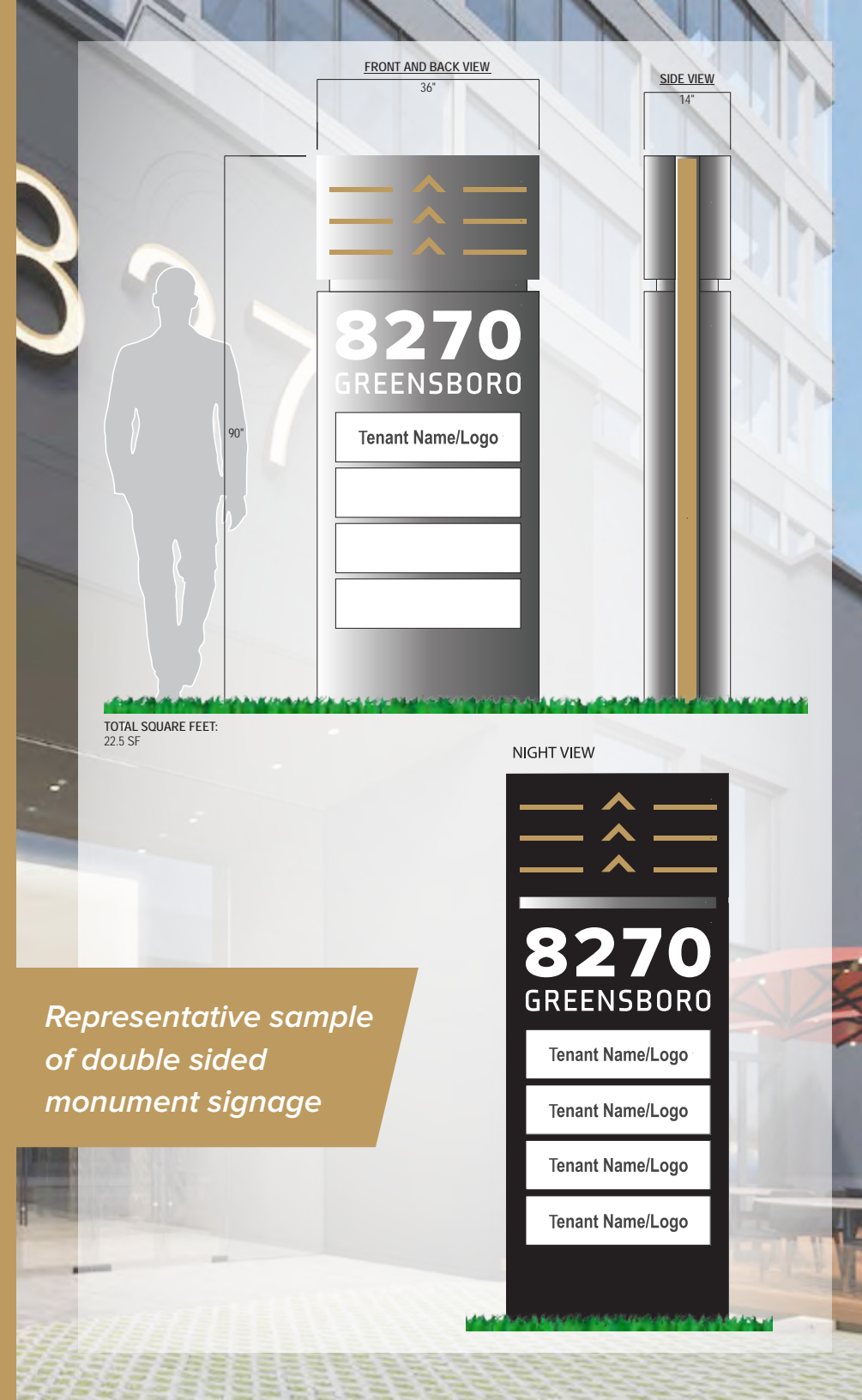


Lobby



## Signage Opportunity

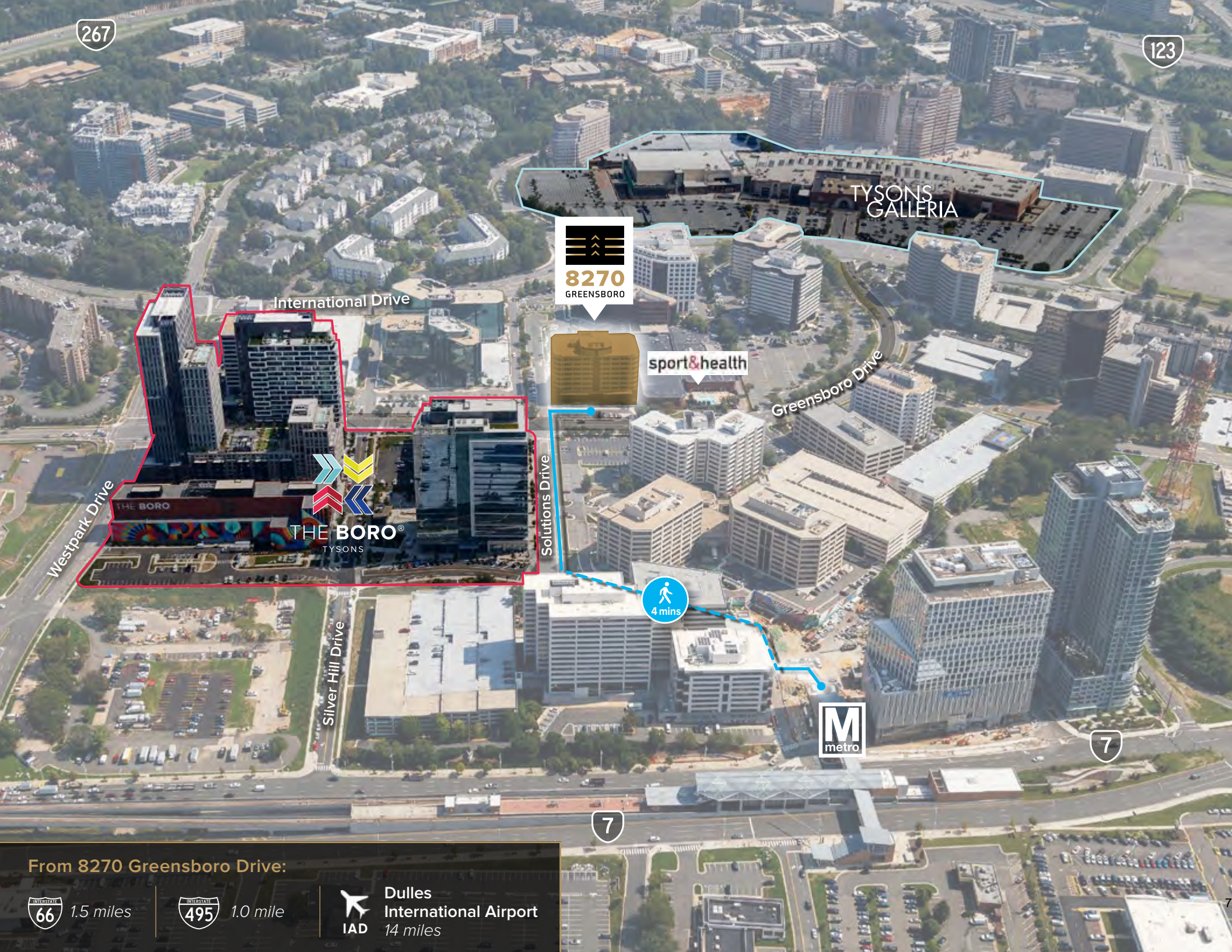
- Unmatched Greensboro Drive frontage with premier signage ability for marquee tenants
- Modernized entrance address and free-standing monument sign with tenant panels



*Representative sample  
of double sided  
monument signage*










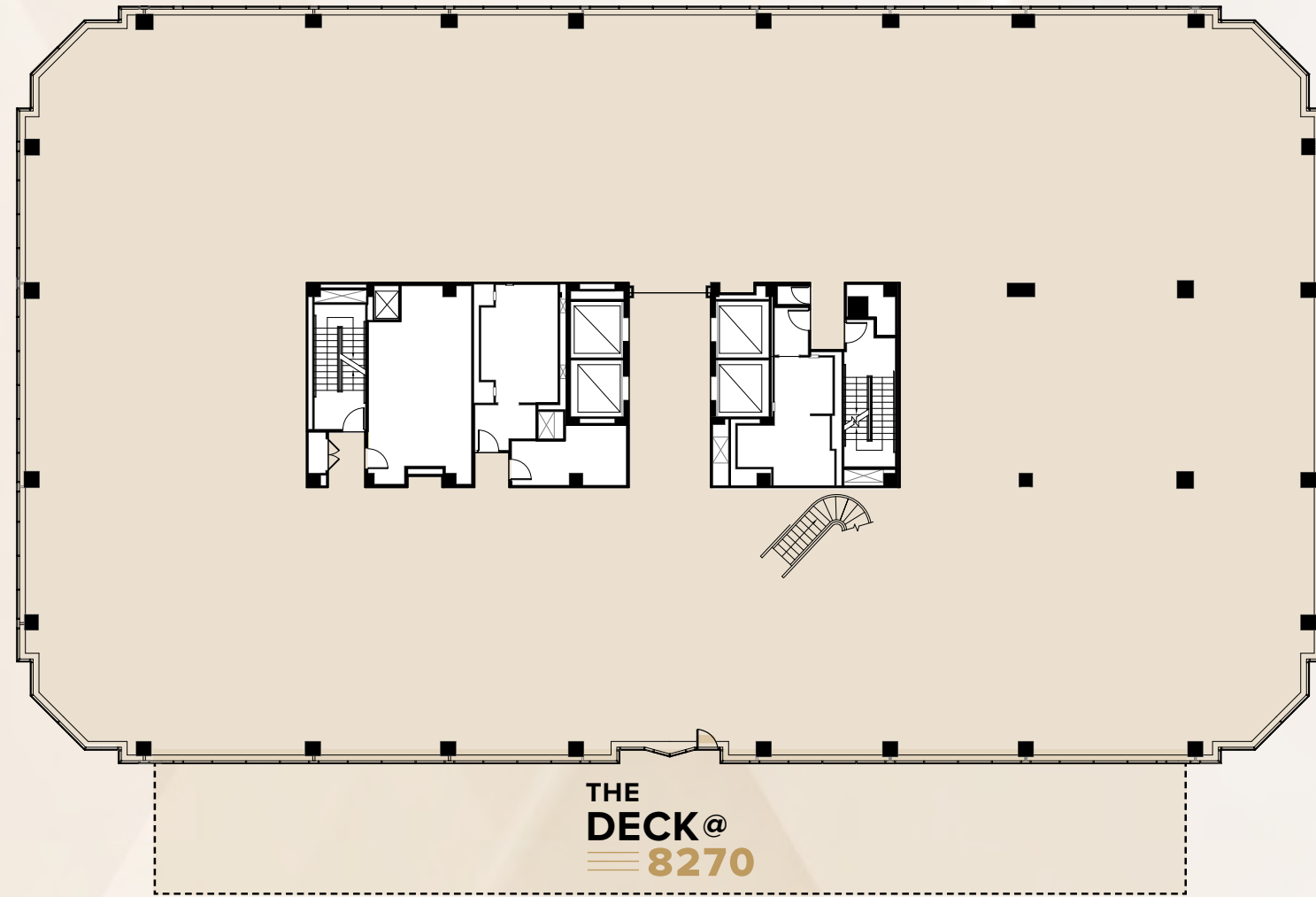
## Coveted Neighborhood

- Adjacent to the renovated 85,000 SF Sport & Health
- Steps from The Boro which offering various dining, shopping, and retail including a flagship Whole Foods Market and state-of-the-art ShowPlace ICON Theatre
- Close by, Tysons Galleria and Tysons Corner Center offer additional shopping and dining destinations
- 4-minute walk to Greensboro Metro Station

From 8270 Greensboro Drive:

 1.5 miles	 1.0 mile	 Dulles International Airport 14 miles
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Floors 4 through 8 contiguous to 110,814 SF



## Fourth Floor

Full Floor | 22,158 SF  
\$45.00  
Available Immediately







Existing internal staircase

Floors 4 through 8 contiguous to 110,814 SF



8270  
GREENSBORO

# Fifth Floor

Full Floor | 22,158 SF  
\$45.00  
Available Immediately



Internal Staircase



Employee Break Out Space



Floors 4 through 8 contiguous to 110,814 SF



# Sixth Floor

Full Floor | 22,158 SF  
\$45.00  
Available Immediately

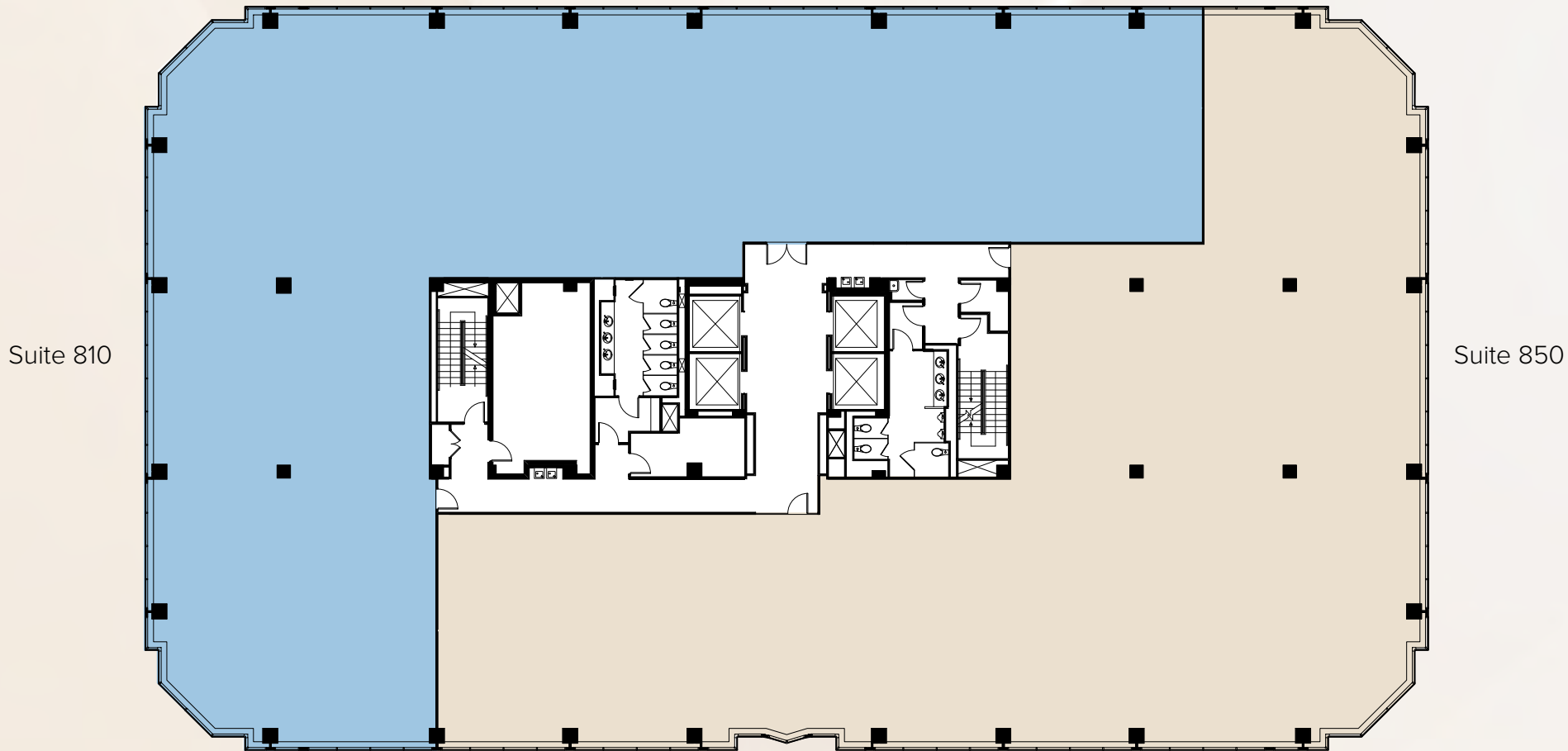


Floors 4 through 8 contiguous to 110,814 SF

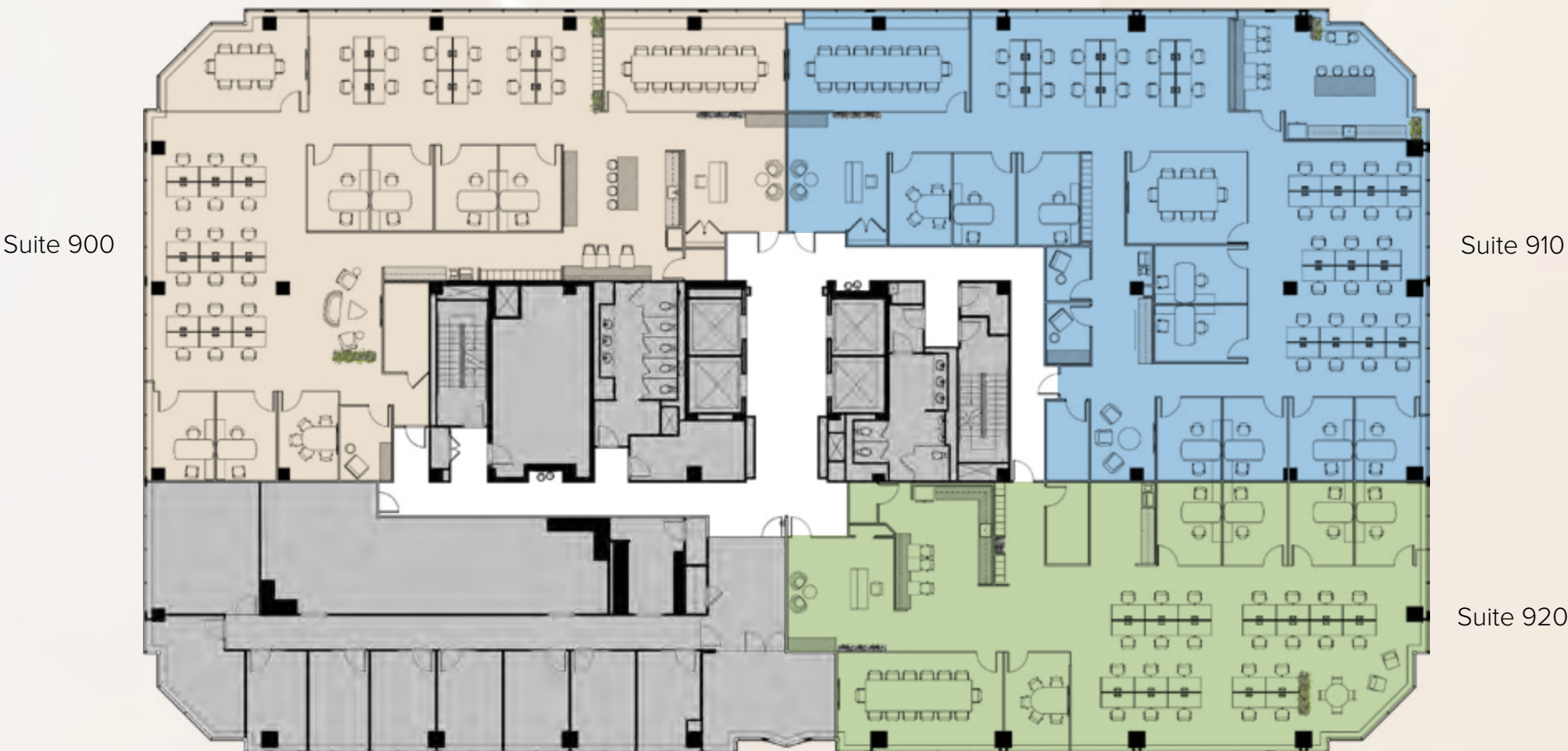


# Seventh Floor

Suite 700   9,807 SF \$45.00 Available Immediately	Spec Suite 725   3,945 SF \$45.00 Available Immediately	Suite 750   8,416 SF \$45.00 Available Sept 2024
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Floors 4 through 8 contiguous to 110,814 SF



Contiguous to 17,041 SF

Test Fit Plans



# Eighth Floor

Suite 810   11,085 SF	Suite 850   11,087 SF
\$45.00	\$45.00
Available May 2023	Available Immediately, Shell Condition



# Ninth Floor

Suite 900   6,107 SF	Suite 910   6,490 SF	Suite 920   4,444 SF
\$45.00	\$45.00	\$45.00
Available Q3 2023	Available Q3 2023	Available Q3 2023





# nuveen

A TIAA Company

Nuveen has supported the financial futures of millions of people for over 120 years. Under the leadership of TIAA, we invest in the growth of businesses, real estate, farmland, forests and infrastructure while building lifetime relationships with clients from all over the globe. With expertise across income and alternatives, and as one of the first in the industry to practice responsible investing, we've been able to adapt to a rapidly changing world while maintaining our legacy as a leading asset manager.



**120+ YEARS**  
managing assets  
designed for income



**TOP 5**  
real estate  
manager globally



**5 DECADES**  
of responsible  
investing



**#1 MANAGER**  
of farmland  
worldwide

## Key Awards & Achievements 2019 – 2020

- Achieved 16 Green Stars in the Global Real Estate Sustainability Benchmark
- Earned 13th consecutive EPA ENERGY STAR 'Partner of the Year Sustained Excellence' award
- Earned an A+ rating in latest Principles for Responsible Investment sustainability bench-mark results
- Won 'Property Sustainability' award at the 2019 EG Tech Awards
- Named a 'Goal Achiever' by the U.S. Department of Energy



## Investing Today for a Better Tomorrow

*Nuveen Real Estate pledges to reduce the energy intensity of their global real estate equity portfolio by 30% by the year 2030, and tackle the growing risks of climate change through the delivery of net zero carbon real estate portfolios by 2050.*



December 15, 2023

8270

UNITED BANK

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**CBRE**

**nuveen**  
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<p style="text-align: center;">The <b>SkillSource</b> Group, Inc.</p> <p style="text-align: center;">SUMMARY OF PENDING FUNDING AND DEVELOPMENT ACTIVITIES</p> <p style="text-align: center;">To The SkillSource Group, Inc. Board of Directors December 15, 2023</p>				
Project Name/Solicitation	Funding Request	SOG Funding	#s to Be Served	Proposal Status
<b>APPROVED</b>				
<b>NOT APPROVED</b>				
<b>PENDING</b>				
Fairfax Consolidated Community Funding Pool - Employment Services to Refugees in Fairfax County	\$300,000	\$300,000	65	Pending
	\$300,000	\$300,000	65	