

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2002

Open to Public
Inspection

A For the 2002 calendar year, or tax year period beginning JUL 1, 2002 and ending JUN 30, 2003

B Check if applicable:	C Name of organization THE SKILLSOURCE GROUP, INC.	D Employer identification number 30-0129320
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box if mail is not delivered to street address) 8300 BOONE BLVD.	Room/suite 450
	City or town, state or country, and ZIP + 4 VIENNA, VA 22182	E Telephone number 703-752-1606
	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: ►WWW.MYSKILLSOURCE.ORG

J Organization type (check only one) ► 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **222,638.**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? N/A Yes No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ►

M Check ► if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:	1a	2,100.	
a Direct public support	1b		
b Indirect public support	1c	219,700.	
d Total (add lines 1a through 1c) (cash \$ 221,800 - noncash \$) ...	1d	221,800.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	838.	
5 Dividends and interest from securities	5		
6 a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)			
7 Other investment income (describe ►)			
8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule)	8d		
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)			
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	222,638.	
13 Program services (from line 44, column (B))	13		
14 Management and general (from line 44, column (C))	14	4,119.	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	4,119.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	218,519.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	0.	
20 Other changes in net assets or fund balances (attach explanation)	20	0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	218,519.	

THE SKILLSOURCE GROUP, INC.

30-0129320

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22			
cash \$ _____ noncash \$ _____				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	0 .	0 .	0 .
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	2,161 .	2,161 .	
34 Telephone	34			
35 Postage and shipping	35	458 .	458 .	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a UTILITIES	43a	1,500 .	1,500 .	
b	43b			
c	43c			
d	43d			
e	43e			
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,119 .	0 .	4,119 .
0 .				

Joint Costs. Check ► if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ► SEE STATEMENT 1

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a METROTECH PROGRAM: FEDERALLY FUNDED PROGRAM SUPPORTING TRAINING IN INFORMATION TECHNOLOGY FOR DISPLACED WORKERS.	(Grants and allocations \$)	0 .
b ONE SOURCE PROGRAM: FEDERALLY FUNDED PROGRAM SUPPORTING TRAINING AND CAREER SUPPORT FOR DISABLED ADULTS	(Grants and allocations \$)	0 .
c VIRGINIA SERIOUS AND VIOLENT OFFENDER RE-ENTRY INITIATIVE: FEDERALLY FUNDED PROGRAM SUPPORTING REINTREGRATION INTO COMMUNITY OF LONG-TERM INCARCERATED ADULTS	(Grants and allocations \$)	0 .
d NATIONAL EMERGENCY GRANT: FEDERALLY FUNDED PROGRAM SERVING ADULT WORKERS DISPLACED BY THE EVENTS OF SEPTEMBER 11, 2001 IN THE GREATER WASHINGTON DC REGION.	(Grants and allocations \$)	0 .
e Other program services (attach schedule)	(Grants and allocations \$)	0 .
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	►	0 .

Part IV Balance Sheets

		(A) Beginning of year		(B) End of year
	Assets			
45	Cash - non-interest-bearing		45	
46	Savings and temporary cash investments		46	220,019.
47 a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b		47c
48 a	Pledges receivable	48a		
b	Less: allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50	Receivables from officers, directors, trustees, and key employees			50
51 a	Other notes and loans receivable	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54	Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55 a	Investments - land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation	55b		55c
56	Investments - other			56
57 a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation	57b		57c
58	Other assets (describe ► _____)			58 0.
59	Total assets (add lines 45 through 58) (must equal line 74)		0. 59	220,019.
	Liabilities			
60	Accounts payable and accrued expenses		60	1,500.
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees			63
64 a	Tax-exempt bond liabilities			64a
b	Mortgages and other notes payable			64b
65	Other liabilities (describe ► _____)			65
66	Total liabilities (add lines 60 through 65)		0. 66	1,500.
	Net Assets or Fund Balances			
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted		67	218,519.
68	Temporarily restricted		68	
69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		0. 73	218,519.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		0. 74	220,019.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a Total revenue, gains, and other support per audited financial statements ►

b Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains
on investments \$ _____

(2) Donated services
and use of facilities \$ _____

(3) Recoveries of prior
year grants \$ _____

(4) Other (specify):
_____ \$ _____

Add amounts on lines (1) through (4) ►

c Line **a** minus line **b** ►

d Amounts included on line 12, Form 990 but not on line **a**:

(1) Investment expenses
not included on
line 6b, Form 990 ... \$ _____

(2) Other (specify):
_____ \$ _____

Add amounts on lines (1) and (2) ►

e Total revenue per line 12, Form 990
(line **c** plus line **d**) ►

a	N/A
b	
c	
d	
e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements ►

b Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services and use of facilities ... \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 ... \$ _____

(4) Other (specify): \$ _____

Add amounts on lines (1) through (4) ►

c Line **a** minus line **b** ►

d Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 ... \$ _____

(2) Other (specify): \$ _____

Add amounts on lines (1) and (2) ►

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ►

a	N/A
b	
c	
d	
e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ► Yes No

Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	36,500.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	89b	
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ► VIRGINIA		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	0
91	The books are in care of ► THE CORPORATION Telephone no. ► 703-752-1606		
Located at ► 8300 BOONE BLVD. # 450, VIENNA, VA		ZIP + 4 ► 22182	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/> N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		(C) Exclu- sion code	(D) Amount	(E) Related or exempt function income
	(A) Business code	(B) Amount			
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	838 .	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))	0 .			838 .	0 .
105 Total (add line 104, columns (B), (D), and (E))				►	838 .

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

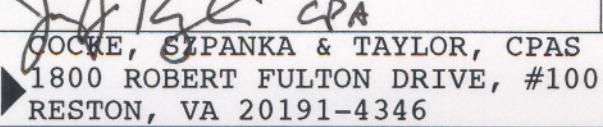
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
	Signature of officer	Date	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ► 	Date 05/13/04	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN
223161 01-22-03	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 		EIN ►	
			Phone no. ► (703) 391-2000	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2002

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

THE SKILLSOURCE GROUP, INC.

Employer identification number
30 0129320

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	► 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	► 0	

Part III Statements About Activities (See page 2 of the instructions.)			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)			1 X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			2a X
a	Sale, exchange, or leasing of property?			2b X
b	Lending of money or other extension of credit?			2c X
c	Furnishing of goods, services, or facilities?			2d X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			2e X
e	Transfer of any part of its income or assets?			3 X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)			4 X
4	Do you have a section 403(b) annuity plan for your employees?			
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.				

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)				
The organization is not a private foundation because it is: (Please check only ONE applicable box.)				
5	<input type="checkbox"/>	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6	<input type="checkbox"/>	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)		
7	<input type="checkbox"/>	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8	<input type="checkbox"/>	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		
9	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____		
10	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)		
11a	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
11b	<input type="checkbox"/>	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
12	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)		
13	<input type="checkbox"/>	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)		

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0 .	0 .	0 .	0 .	0 .
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				► 26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts				► 26b	0 .
c Total support for section 509(a)(1) test: Enter line 24, column (e)				► 26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____				► 26d	
e Public support (line 26c minus line 26d total)				► 26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				► 26f	%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				► 27c	N/A
d Add: Line 27a total and line 27b total				► 27d	N/A
e Public support (line 27c total minus line 27d total)				► 27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ► 27f N/A				► 27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				► 27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	NONE				

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
- If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)
-
-
-

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

- 32 Does the organization maintain the following:
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)
-
-
- 33 Does the organization discriminate by race in any way with respect to:
- a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)
-
-
- 34 a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either 34a or b, please explain using an attached statement.
- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

Lobbying Expenditure by Eligible Political Organizations
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a if the organization belongs to an affiliated group.

Check ► b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e)).....						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e)).....						0.
50 Grassroots lobbying expenditures						0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.).....			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			0.

If "Y"
223141

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

- 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:**

- (i) Cash

(ii) Other assets

- b** Other transactions:

 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the

- goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

1

Yes

No

- b If "Yes," complete the following schedule:

N/A

Schedule B
**(Form 990, 990-EZ, or
990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)**2002****Name of 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 foundationCheck 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 box(es) for both the General Rule and a Special Rule-see instructions.)**General Rule-**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

Name of organization

THE SKILLSOURCE GROUP, INC.

Employer identification number

30-0129320

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	PRINCE WILLIAM COUNTY GOVERNMENT 1 COUNTY COMPLEX COURT PRINCE WILLIAM, VIRGINIA 22192	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FAIRFAX COUNTY GOVERNMENT 12000 GOVERNMENT CENTER PARKWAY FAIRFAX, VIRGINIA 22030	\$ 19,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

As of March 27, 2003

The SkillSource Group, Inc.

Board of Directors

Name	Title	Organization	Business Type	Jurisdiction
Robert P. Rogers, Jr. Chairman	President/CEO	The Chesapeake Center, Inc. 6506 Loisdale Road, #300, Springfield, VA 22150 rprogers@chesapeakectr.com jstevers@chesapeakectr.com (703) 924-4177	Heath Care	Fairfax
Michael Ferraro Vice-Chairman	President/CEO	TRAINING SOLUTIONS, INC. P.O. Box 220100 Chantilly, VA 20153 Ferraro@trainingsolutions.com (703) 318-0838	Human Resources/Training	Fairfax
Todd W. Rowley	Senior VP	Wachovia National Bank 1970 Chain Bridge Road, 3 rd floor McLean, VA 22102 Todd.Rowley@firstunion.com Ana.aguilar1@firstunion.com (703) 760-5337	Banking	Fairfax
Donna Engelson	President	The Leadership Edge 8326 Roxborough Loop Gainesville, VA 20155 Dhengelson@aol.com (703) 753-9940	Training and Assessment	Prince William
Kathryn Waters	Attorney	Compton and Duling, LLC 14914 Jefferson Davis Highway Woodbridge, VA 22191 kmw@comptonduling.com jb@comptonduling.com (703) 446-2409	Legal	Prince William

As of March 27, 2003

The Honorable Sean Connaughton	Chief Elected Official	Prince William County Government 1 County Complex Court Prince William, VA 22192 <u>Sconnaughton@pwgov.org</u> <u>Skrull@pwgov.org</u> (703) 792-4640	County Government	Prince William
Barry Goulding	Senior VP	Sallie Mae, Inc. 11600 Sallie Mae Drive Reston, VA 20193 <u>Barry.w.Goulding@slma.com</u> (703) 810-6255 (703) 810-6128 - Fax	Educational Financing	Fairfax
Michael Schwartz	President/CEO	Prince William Health System 8650 Sudley Road Manassas, VA 20110 Asst. – Doris Dunkle (703) 369-8570 (703) 369-8151 –Fax <u>ddunkle@pwhs.org</u>	Health Care	Prince William
James Ralston	General Manager	Potomac Mills Mall 2700 Potomac Mills Circle, #307 Woodbridge, VA 22192 <u>Jim.Ralston@millscorp.com</u> (703) 643-1855 (703) 643-1054 - Fax	Retail Stores/Shopping Center	Prince William
Kathryn A. MacLane	Senior VP	The West Group 16000 Anderson Road McLean, VA 22102 Asst. – <u>Avoudrie@west-group.com</u> (703) 356-2400 (703) 790-5605 - Fax	Real Estate Development	Fairfax

As of March 27, 2003

Troy Fitzhugh	General Manager	COMCAST 11101 University Blvd. Manassas, VA 20110 (703) 257-6945 troy_fitzhugh@cable.comcast.com	Cable/Telecommunications	Prince William
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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

EXPLANATION

THE SKILLSOURCE GROUP, INC., IS ORGANIZED EXCLUSIVELY FOR NON-PROFIT, CHARITABLE, EDUCATIONAL, SCIENTIFIC AND CIVIC PURPOSES WHICH INCLUDE 1) TO CONDUCT WORK FOR CHARITABLE, EDUCATIONAL AND CIVIC PURPOSES WITHIN THE MEANING OF SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE; 2) TO IMPLEMENT POLICIES AS DETERMINED BY THE NORTHERN VIRGINIA WORKFORCE INVESTMENT BOARD; (NVWIB) 3) TO PROMOTE AND IMPLEMENT WORKFORCE INVESTMENT SYSTEMS & ACTIVITY ACTIVITIES; 4) TO DEVELOP AND IMPLEMENT INTEGRATED WORKFORCE DEVELOPMENT STRATEGIES; 5) TO INCREASE THE EMPLOYMENT, RETENTION AND EARNINGS OF EMPLOYEES IN WORKFORCE AREA 11; 6) TO PROMOTE AND ASSIST THE NVWIB IN IMPLEMENTING THE PURPOSES OF WIA; 7) TO ACCEPT, AID AND ASSIST GRANTS, DONATIONS AND GIFTS BY CONTRIBUTIONS; AND 8) TO DIRECT DISBURSEMENT OF FUNDS FOR WORKFORCE INVESTMENT ACTIVITIES.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization THE SKILL SOURCE GROUP, INC.	Employer identification number 30-0129320
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8300 BOONE BLVD., NO. 450	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIENNA, VA 22182	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **FEBRUARY 17, 2004**.

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 **JAN 1, 2003**, and ending **JUN 30, 2003**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Brian P. Morrison Title ► CPA
LHA For Paperwork Reduction Act Notice, see instruction

Date ► 11/11/03

Form 8868 (12-2000)

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ►

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization THE SKILLSOURCE GROUP, INC.	Employer identification number 30-0129320
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 8300 BOONE BLVD., NO. 450	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIENNA, VA 22182	

Check type of return to be filed (File a separate application for each return):

- Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 17, 2004
 5 For calendar year JAN 1, 2003, or other tax year beginning JAN 1, 2003 and ending JUN 30, 2003
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension
SEE STATEMENT 1

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the total amount of estimated nonrefundable credits. See instructions \$
 b If this application is for Form 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 and an amount paid previously with Form 8868 \$
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Bru P. Morris Title ► CPA Date ► 2/9/04

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____

By: _____

Director _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name COCKE, SZPANKA & TAYLOR, CPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1800 ROBERT FULTON DRIVE, #100
	City or town, province or state, and country (including postal or ZIP code) RESTON, VA 20191-4346

223832
05-22-02

EXTENSION APPROVED
FEB 26 2004
LINDA WESKOP, FIELD DIRECTOR
MISSION PROCESSING CENTER

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

1

EXPLANATION

AN ADDITIONAL EXTENSION OF TIME TO FILE IS RESPECTFULLY REQUESTED
SINCE WE ARE STILL WAITING TO RECEIVE ALL THE NECESSARY INFORMATION
IN ORDER TO FILE A COMPLETE AND ACCURATE INCOME TAX RETURN.

EXTENSION APPROVED
FEB 26 2004
DA VIEKSKOFF, FIELD DIRECTOR
MISSISSIPPI PROCESSING CENTER
STATEMENT(S) 1