



College of Central Florida
Enterprise Center, Building 42
3003 SW College Rd, Suite 206
Ocala, FL 34474

Executive Committee Meeting Wednesday, May 28, 2025 – 9:30 a.m.

REVISED AGENDA

Join Zoom Meeting: <https://us02web.zoom.us/j/88387865107>

Phone No: 1-646-558-8656 (EST) Meeting ID: 883 8786 5107

Call to Order		B. Whiteman
Roll Call		C. Schnettler
Approval of Minutes, February 26, 2025	Pages 2 - 3	B. Whiteman

DISCUSSION ITEMS

State Update	R. Skinner
Workforce Issues Important to Our Community	R. Skinner

PUBLIC COMMENT

ACTION ITEMS

2025-2026 Budget	Pages 4 - 8	D. French
FWDA Dues	Page 9	R. Skinner
Workforce Summit Sponsorship	Page 10	R. Skinner
Workforce Champion	Page 11	D. French
990	Page 12 - 51	D. French
Finance User Interface	Page 52	D. French
Indefinite Quantity Agreements	Page 53	D. French
Benefits Annual Renewal	Page 54 - 55	D. French
Schedule of Operations	Page 56 – 58	D. French
OJT Reimbursement	Page 59	D. French
Staff Increases	Page 60	D. French
ITA Waiver Request	Page 61	D. French
Joint Audit RFP	Page 62	D. French

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

ADJOURNMENT

2024 – 2025 MEETING SCHEDULE						
Performance/ Monitoring	Business and Economic Development	Marketing / Outreach	Career Center	Education and Industry Consortium	Executive	Full Board
Unless noted otherwise all committee meetings are held at CareerSource CLM, 2703 NE 14 th Street, Ocala, FL 34470						
Tuesday 9:00 am	Wednesday 9:00 am	Wednesday 9:00 am	Thursday 9:30 am	Thursday 9:00 am	Wednesday 9:30 am	Wednesday, 11:30 am
8/13/2024	8/14/2024	8/21/2024	8/15/2024	8/29/2024	8/28/2024	9/4/2024 CF Levy
11/12/2024	11/6/2024	11/13/2024	11/7/2024	11/14/2024	11/20/2024	12/11/2024 CF Ocala
2/4/2025	2/5/2025	2/12/2025	2/20/2025	2/6/2025 CF - Room 206 Enterprise Center	2/26/2025	3/12/2025 CF Lecanto
5/6/2025	5/7/2025	5/14/2025	5/15/2025	5/8/2025 CF - Room 206 Enterprise Center	5/28/2025	6/4/2025 CF Ocala

OUR VISION STATEMENT

To be recognized as the number one workforce resource in the state of Florida by providing meaningful and professional customer service that is reflected in the quality of our job candidates and employer services.



CAREERSOURCE CITRUS LEVY MARION
Executive Committee

MINUTES

DATE: February 26, 2025
PLACE: 2703 NE 14th Street, Ocala, FL 34470
TIME: 9:30 a.m.

MEMBERS PRESENT

Al Jones
Arno Proctor
Brandon Whiteman
Carl Flanagan
Charles Harris
Fred Morgan
Jeff Chang
Pete Beasley

MEMBERS ABSENT

OTHER ATTENDEES

Rusty Skinner, CSCLM
Dale French, CSCLM
Cory Weaver, CSCLM

Cira Schnettler, CSCLM
Bob Stermer, Board Attorney
Caleb Perla, Powell and Jones

CALL TO ORDER

The meeting was called to order by Carl Flanagan, Chair, at 9:30 a.m.

ROLL CALL

Cira Schnettler called roll and a quorum was declared present.

APPROVAL OF MINUTES

Al Jones made a motion to approve the minutes from the November 20, 2024, meeting. Charles seconded the motion. Motion carried.

DISCUSSION ITEMS

State Update

Rusty Skinner provided the following update:

- The State has exhausted all funds for the clam farming project that was funded through the disaster relief grant for Hurricane Idalia. There will not be additional funding for disaster recovery efforts for Hurricane Helene. The current funding will be used through March 23, 2025. The clam farming community has been notified. We are working with county officials to identify a location for us to set-up the mobile unit to assist those that would like to file for reemployment assistance. To assist in

the transition, we have made connections between the clam farmers and the community development side of Florida Commerce as well as other agencies that might provide federal grant opportunities to enhance the recovery efforts.

- There are expected federal policy changes regarding disaster relief funding. Potentially, there will be a five-million-dollar cap per disaster for workforce assistance. State area representatives are involved and are aware of the efforts happening in Cedar Key.
- CareerSource Florida approved the application for regional planning. All three regions will need to add an addendum to their individual area plan.
- CareerSource Florida is exploring all avenues of the regional workforce system to create efficiencies and standardization.

Workforce Issues that are Important to our Community

Carl Flanagan stated that housing, childcare, and transportation continue to be a challenge for the residents of Citrus County.

PUBLIC COMMENT

None

ACTION ITEMS

Powell and Jones Audit Report

Caleb Perla reviewed the audit report. There were no findings, observations, or deficiencies. Caleb Perla was very complimentary to the finance staff for their efforts. Fred Morgan approved the audit report. Arno Proctor seconded the motion. Motion carried.

Mid-Year Budget Updates

Dale French reviewed the budget updates and explained how Hurricane Idalia funding effected the budget. Fred Morgan made a motion to accept the mid-year budget. Arno Proctor seconded the motion. Motion carried.

YouthBuild

Dale French was happy to announce that we were awarded another YouthBuild grant. Al Jones approved the funding for the YouthBuild grant. Pete Beasley seconded the motion. Motion carried.

Joint Auditing RFP

Dale French explained that the current contract for auditing services will end on June 30, 2025. A request for proposal will need to be publicly noticed to have a firm in place for July 1, 2025. This is a joint RFP, as the firm would also need to audit Region 6. Charles Harris made a motion to release a request for proposal for auditing services. Fred Morgan seconded the motion. Motion carried.

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

None

ADJOURNMENT

There being no further business, the meeting was adjourned at 10:22 a.m.

APPROVED:_____



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 28, 2025**

TOPIC/ISSUE:

Preliminary 2025-2026 Budget

BACKGROUND:

Attached is the proposed budget for the 2025-2026 program year.

POINTS OF CONSIDERATION:

This budget is based on the following:

- Estimated carry forward funds from current year grants.

STAFF RECOMMENDATIONS:

Approve preliminary 2025-2026 budget.

COMMITTEE ACTION:

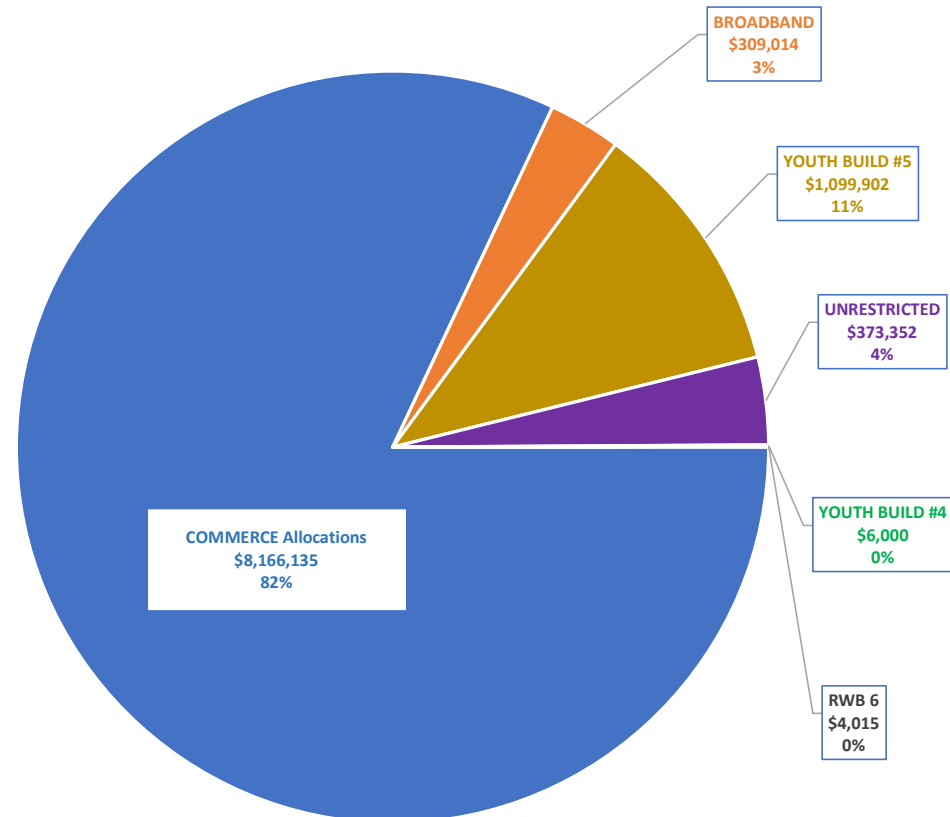
BOARD ACTION:

REVENUE RESOURCES

\$9.96 M

COMMERCE ALLOCATIONS	
ADULT	\$2,781,621
YOUTH	\$1,258,839
DISLOCATED WORKER	\$850,482
WAGNER PEYSER	\$294,609
WTP	\$2,105,775
SNAP	\$149,990
VETS	\$30,184
REA	\$151,765
OTHER	\$542,870
TOTAL Commerce Allocations	\$8,166,135

REVENUES



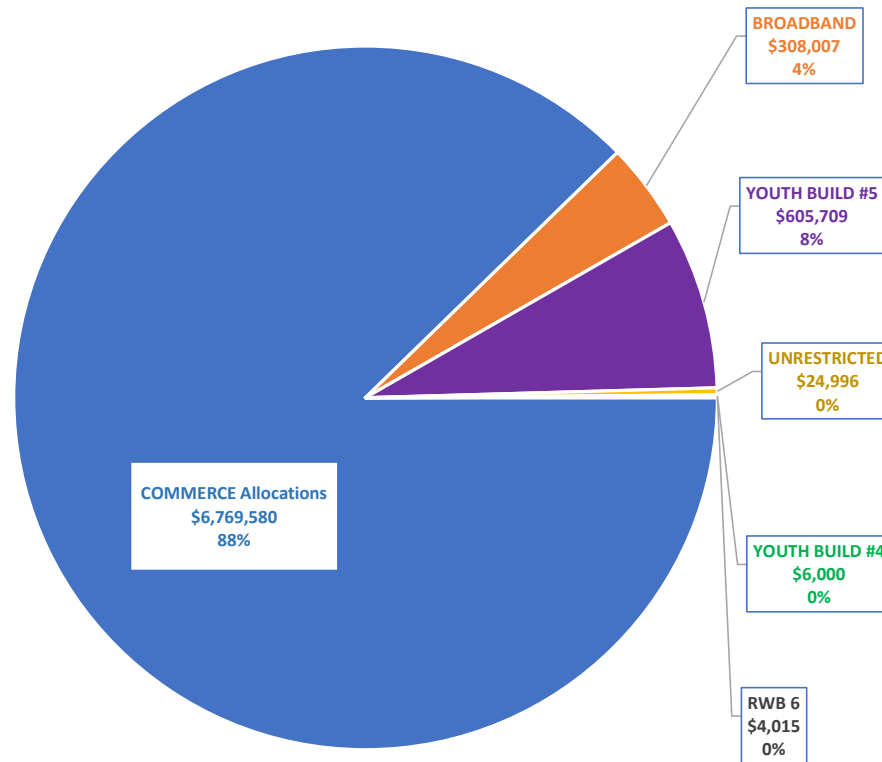
TOTAL REVENUE = \$9,958,418

BUDGET EXPENDITURES

\$7.72 M

COMMERCE ALLOCATIONS	
ADULT	\$2,619,710
YOUTH	\$1,254,150
DISLOCATED WORKER	\$694,550
WAGNER PEYSER	\$114,166
WTP	\$1,360,467
SNAP	\$149,039
VETS	\$14,080
REA	\$30,812
OTHER	\$532,606
TOTAL Commerce Allocations	\$6,769,580

EXPENDITURES



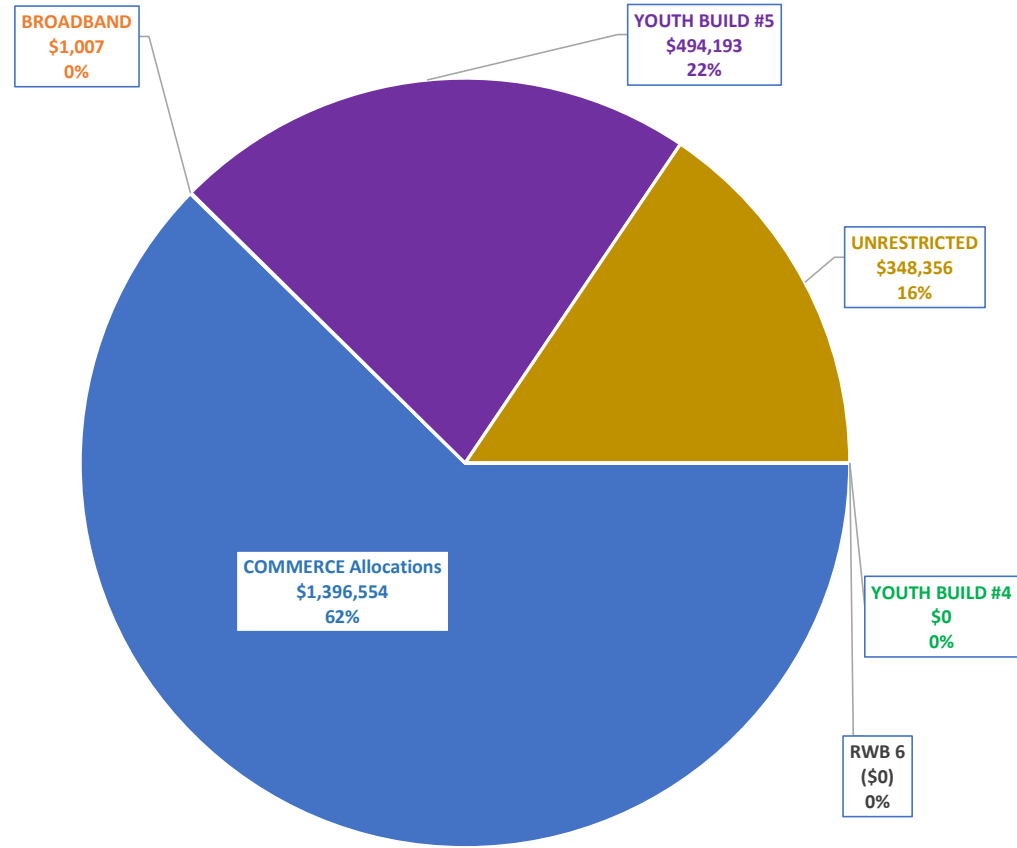
Budget Expenditures = \$7,718,308

BUDGETED BALANCE

\$2.24 M

COMMERCE ALLOCATIONS	
ADULT	\$161,911
YOUTH	\$4,689
DISLOCATED WORKER	\$155,932
WAGNER PEYSER	\$180,443
WTP	\$745,308
SNAP	\$951
VETS	\$16,104
REA	\$120,953
OTHER	\$10,264
TOTAL Commerce Allocations	\$1,396,554

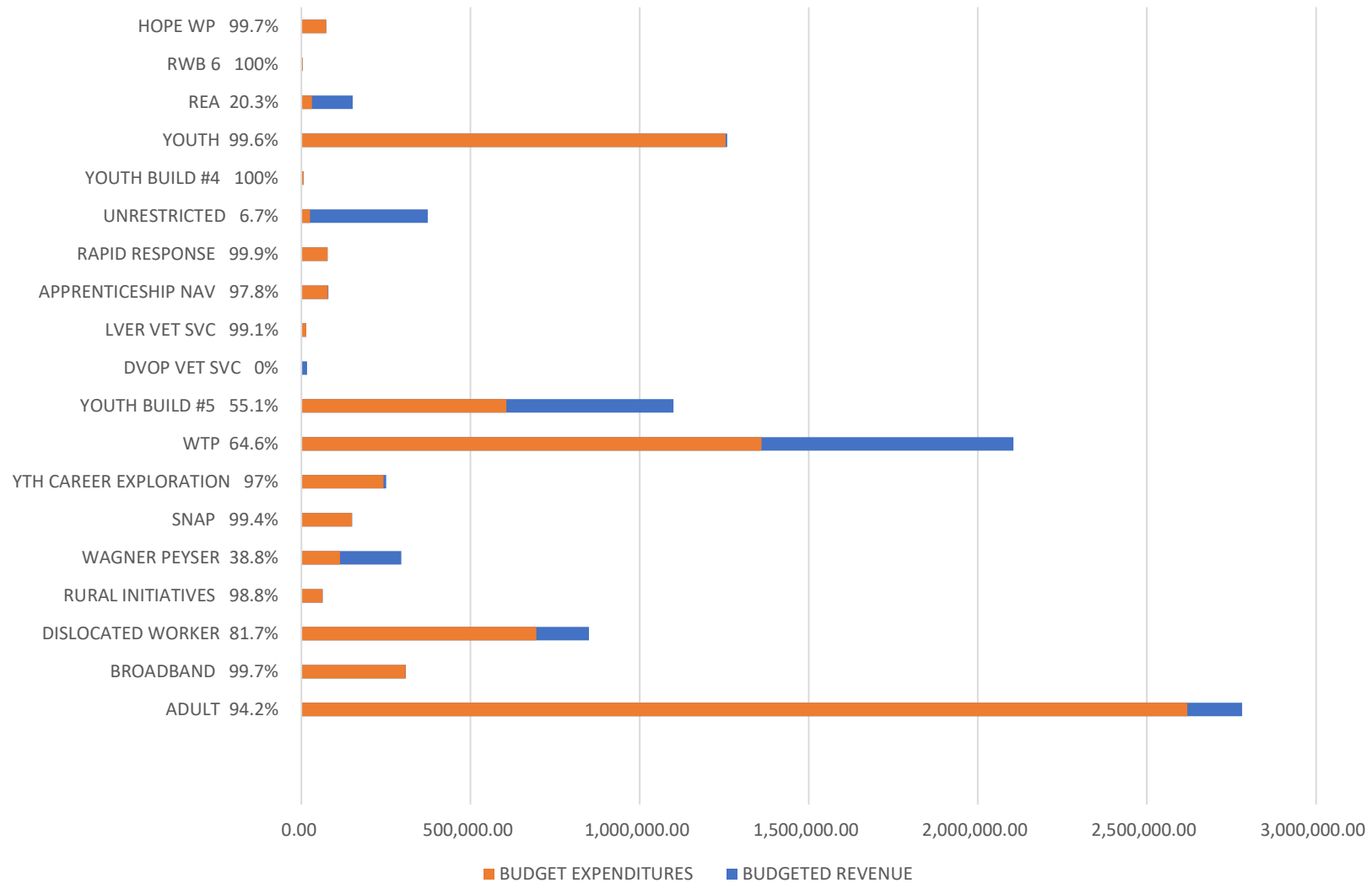
BALANCE



UNOBLIGATED Balance = \$1,891,754

Unobligated Unrestricted = \$348,356

% SPENT Expenditures to Revenues





RECORD OF ACTION/APPROVAL

Executive Committee

Wednesday, May 28, 2025

TOPIC/ISSUE:

FWDA Dues

BACKGROUND:

Membership to the Florida Workforce Development Association promotes collaboration, convening and sharing of best practices between member workforce boards.

POINTS OF CONSIDERATION:

STAFF RECOMMENDATIONS:

Approve paying \$3000.00 from unrestricted funds for FWDA dues.

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee

Wednesday, May 28, 2025

TOPIC/ISSUE:

2025 Workforce Professional Development Summit

BACKGROUND:

FWDA has sponsored the Summit for over 10 years. The Summit is funded through registration fees and sponsorships. Traditionally CLM has sent staff and been a sponsor at the \$5,000 level.

POINTS OF CONSIDERATION:

CLM support will enhance the quality of the Summit

STAFF RECOMMENDATIONS:

Request approval of \$5,000 sponsorship from Unrestricted Funds.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

2025 Workforce Champion Nomination

BACKGROUND:

Our recognition program underwent several changes in 2022 due to responses received from the annual employee survey. One of those changes included the Executive Committee/Board to make the final selection of our Workforce Champion that will be recognized during the 2025 Workforce Professional Summit in Orlando Florida September 8-10.

POINTS OF CONSIDERATION:

Our management team has narrowed the possible selection to two staff members. A presentation has been prepared to present the details of each nomination.

STAFF RECOMMENDATIONS:

Executive Committee members are asked to make a selection from the two presentations provided.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 28, 2025**

TOPIC/ISSUE:

Form 990 Return of Organization Exempt from Income Tax for program year 7/1/23-6/30/24.

BACKGROUND:

POINTS OF CONSIDERATION:

Form 990 was completed by our auditors Powell and Jones, CPAs after the financial statements were audited.

STAFF RECOMMENDATIONS:

Approve Form 990

COMMITTEE ACTION:

BOARD ACTION:

CLIENT'S COPY

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.EIN or SSN
59-3409057Name and title of officer or person subject to tax THOMAS E. SKINNER, JR.
EXECUTIVE DIRECTOR

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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 10,318,301.
2a Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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 2023 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 CALEB PERLA

ERO firm name

to enter my PIN 34474

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2023 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 2023 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.

56597132025

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 CALEB PERLA

Date 05/20/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

LHA 302521 01-05-24

14

10230520 142844 CLM

2023.05080 CITRUS, LEVY, MARION REGI CLM 1

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 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization**CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.**Doing business as **CAREERSOURCE CITRUS LEVY MARION**

Number and street (or P.O. box if mail is not delivered to street address)

2703 NE 14TH STREET

Room/suite

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

OCALA, FL 34470**F** Name and address of principal officer: **THOMAS E. SKINNER, JR****2703 NE 14TH STREET, OCALA, FL 34470****D** Employer identification number**59-3409057****E** Telephone number**352-873-7939****G** Gross receipts \$**10,318,301.****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.CAREERSOURCECLM.COM****K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: **1996****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 28
	4	Number of independent voting members of the governing body (Part VI, line 1b) 28
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 6,523,886.
	9	Program service revenue (Part VIII, line 2g) 107,181.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,284.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,632,351.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,770,016.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,045,241.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,585,945.
19		Revenue less expenses. Subtract line 18 from line 12 46,406.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,444,709.
	21	Total liabilities (Part X, line 26) 1,107,712.
	22	Net assets or fund balances. Subtract line 21 from line 20 336,997.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	THOMAS E. SKINNER, JR, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	CALEB PERLA		05/20/25	<input type="checkbox"/>	P01426180
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	POWELL AND JONES, CPA'S	59-2145410	386-755-4200		
	Firm's address				
	1359 SW MAIN BLVD				
	LAKE CITY, FL 32025				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Form 990 (2023)

59-3409057 Page 2

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:
THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO SUPPORT HIGH-QUALITY EDUCATION/TRAINING AND EMPLOYMENT SERVICES TO MEET REGIONAL WORKFORCE NEEDS.
- 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 \$ **8,318,280.** including grants of \$ **4,857,941.**) (Revenue \$)
THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SUPERSEDES THE WORKFORCE INVESTMENT ACT, (WIA) AND AMENDS THE WAGNER-PEYSER ACT. WIOA ALSO CONTAINS THE ADULT EDUCATION AND FAMILY LITERACY ACT (TITLE II) AND THE REHABILITATION ACT AMENDMENTS OF 1998 (TITLE IV). WIOA REFORMS FEDERAL JOB TRAINING PROGRAMS AND CREATES A NEW, COMPREHENSIVE WORKFORCE INVESTMENT SYSTEM. THE REFORMED SYSTEM IS INTENDED TO BE CUSTOMER-FOCUSED, TO HELP AMERICANS ACCESS THE TOOLS THEY NEED TO MANAGE THEIR CAREERS THROUGH INFORMATION AND HIGH QUALITY SERVICES, AND TO HELP U.S. COMPANIES FIND SKILLED WORKERS.
- 4b (Code:) (Expenses \$ **249,624.** including grants of \$) (Revenue \$)
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) IS FEDERALLY FUNDED BUT IS ADMINSTRATED BY EACH STATE. TANF IS A FINANCIAL ASSISTANCE PROGRAM FOR LOW INCOME FAMILIES THAT HAVE CHILDREN AND FOR PREGNANT WOMEN IN THEIR LAST THREE MONTHS OF PREGNANCY. THE PROGRAM PROVIDES TEMPORARY FINANCIAL ASSISTANCE WHILE AT THE SAME TIME HELPS TANF RECIPIENTS FIND JOBS THAT WILL ALLOW THEM TO SUPPORT THEMSELVES.
- 4c (Code:) (Expenses \$ **349,662.** including grants of \$) (Revenue \$)
YOUTHBUILD - YOUTHBUILD PARTNERS WITH OPPORTUNITY YOUTH TO BUILD THE SKILLSETS AND MIND SETS THAT LEAD TO LIFELONG LEARNING, LIVELIHOOD AND LEADERSHIP.
- 4d Other program services (Describe on Schedule O.)
(Expenses \$ **544,327.** including grants of \$) (Revenue \$ **87,916.**)
- 4e Total program service expenses **9,461,893.**

Form 990 (2023)

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **3**

Part IV Checklist of Required Schedules

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

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **4**

Part IV Checklist of Required Schedules (continued)

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

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 15	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 65	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **5**

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a 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 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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a 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 If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. 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? <i>If "Yes," complete Form 6069.</i>	17		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **6**

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 ☒ **X**

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2 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
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a 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 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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
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?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
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?	16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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

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**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **7**

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) THOMAS SKINNER CEO	40.00	X		X				147,944.	0.	0.
(2) DALE FRENCH EXECUTIVE VICE PRESIDENT	40.00	X		X				107,639.	0.	0.
(3) DARLENE GODDARD BOARD MEMBER	1.00	X						0.	0.	0.
(4) KEVIN CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(5) DR. MARK PAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(6) ANGIE WHITE BOARD MEMBER	1.00	X						0.	0.	0.
(7) PAT REDDISH BOARD MEMBER	1.00	X						0.	0.	0.
(8) PETE BEASLEY BOARD MEMBER	1.00	X						0.	0.	0.
(9) STACI BERTRAND BOARD MEMBER	1.00	X						0.	0.	0.
(10) THERESA FLICK BOARD MEMBER	1.00	X						0.	0.	0.
(11) JORGE MARTINEZ BOARD MEMBER	1.00	X						0.	0.	0.
(12) FREDRICK MORGAN BOARD MEMBER -TREASURER	1.00	X		X				0.	0.	0.
(13) ARNO PROCTOR BOARD MEMBER	1.00	X						0.	0.	0.
(14) CHRISTOPHER COWART BOARD MEMBER	1.00	X						0.	0.	0.
(15) KATHY JUDKINS BOARD MEMBER - PAST CHAIR	1.00	X		X				0.	0.	0.
(16) CARL FLANAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) EQUILLA WHEELER BOARD MEMBER	1.00	X						0.	0.	0.

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **8**

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) DEBRA STANLEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) JOHN HEMKEN BOARD MEMBER	1.00	X						0.	0.	0.
(20) JOHN MURPHY BOARD MEMBER	1.00	X						0.	0.	0.
(21) ALBERT JONES BOARD MEMBER	1.00	X						0.	0.	0.
(22) KIM BAXLEY BOARD MEMBER - CHAIR	1.00	X		X				0.	0.	0.
(23) CHARLES HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(24) BRANDON WHITEMAN BOARD MEMBER - VICE CHAIR	1.00	X		X				0.	0.	0.
(25) JEFF CHANG BOARD MEMBER	1.00	X						0.	0.	0.
(26) LANNY MATHIS BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								255,583.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								255,583.	0.	0.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **9**

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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	10,230,385.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM INCOME	Business Code	561300	85,874.	85,874.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			85,874.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,042.	2,042.	
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			10,318,301.	87,916.	0.	0.

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **10**

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,857,941.	4,857,941.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	255,583.	235,136.	20,447.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,488,700.	2,040,886.	447,814.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	153,949.	127,509.	26,440.	
9 Other employee benefits	328,890.	271,071.	57,819.	
10 Payroll taxes	201,547.	167,095.	34,452.	
11 Fees for services (nonemployees):				
a Management				
b Legal	3,727.		3,727.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	8,861.	7,948.	913.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	43,065.	18,149.	24,916.	
17 Travel	84,530.	61,924.	22,606.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,214.	19,582.	10,632.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,700.	109,700.		
23 Insurance	73,642.	20,891.	52,751.	
24 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.)				
a SUBCONTRACT	740,972.	740,972.	0.	
b COMMUNICATIONS	175,660.	167,961.	7,699.	
c CONTRACT LABOR OTHER	163,730.	163,730.	0.	
d TECH SUPPORT	116,851.	116,300.	551.	
e All other expenses	363,643.	335,098.	28,545.	
25 Total functional expenses. Add lines 1 through 24e	10,201,205.	9,461,893.	739,312.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **11**

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
Assets	1 Cash - non-interest-bearing	5,311.	1	4,372.
	2 Savings and temporary cash investments	691,787.	2	571,500.
	3 Pledges and grants receivable, net	532,471.	3	1,821,717.
	4 Accounts receivable, net	7,707.	4	2,701.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	80,864.	9	82,048.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,373,667.		
	b Less: accumulated depreciation	2,363,785.		
		119,582.	10c	9,882.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	6,987.	15	6,986.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,444,709.	16	2,499,206.	
Liabilities	17 Accounts payable and accrued expenses	538,288.	17	840,338.
	18 Grants payable		18	
	19 Deferred revenue	304,409.	19	873,524.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	265,015.	25	331,251.
	26 Total liabilities. Add lines 17 through 25	1,107,712.	26	2,045,113.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	336,997.	29	454,093.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32 Total net assets or fund balances	336,997.	32	454,093.
	33 Total liabilities and net assets/fund balances	1,444,709.	33	2,499,206.

Form **990** (2023)

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Form 990 (2023)

59-3409057 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,318,301.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,201,205.
3	Revenue less expenses. Subtract line 2 from line 1	3	117,096.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	336,997.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	454,093.

Part XII Financial Statements and Reporting

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

☒ **X**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	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.		
3a	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?		X
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		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.** Employer identification number **59-3409057**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. ☐

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Schedule A (Form 990) 2023

59-3409057 Page 2

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7408213.	7406896.	6465022.	6523886.	10230385.	38034402.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7408213.	7406896.	6465022.	6523886.	10230385.	38034402.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						38034402.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7408213.	7406896.	6465022.	6523886.	10230385.	38034402.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,595.	1,083.	229.	1,284.	2,024.	6,215.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			102,634.	107,181.	85,874.	295,689.
11 Total support. Add lines 7 through 10						38336306.
12 Gross receipts from related activities, etc. (see instructions)					12	
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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.21	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.38	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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 stop here. The organization qualifies as a publicly supported organization			
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			

Schedule A (Form 990) 2023

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Schedule A (Form 990) 2023

59-3409057 Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Schedule A (Form 990) 2023

59-3409057 Page 5

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a The organization satisfied the Activities Test. Complete line 2 below.			
b The organization is the parent of each of its supported organizations. Complete line 3 below.			
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<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 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Schedule A (Form 990) 2023

59-3409057 Page 7

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 Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Employer identification number

59-3409057

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization4947(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).

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

Schedule B (Form 990) (2023)

Name of organization

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Employer identification number

59-3409057

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	FLORIDA DEPARTMENT OF COMMERCE OR FLORIDA COMMERCE 107 EAST MADISON STREET TALLAHASSEE, FL 32025	\$ 6,326,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE. NW, ROOM S-1032 WASHINGTON, DC 20210	\$ 2,488,110.	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.)
		\$	Person <input 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.)
		\$	Person <input 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.)

Name of organization

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Employer identification number

59-3409057

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Employer identification number

59-3409057

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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Employer identification number
59-3409057

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?	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	Yes	No

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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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) 2023

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Schedule D (Form 990) 2023

59-3409057 Page 2

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 in 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?

	Yes	No
3a(i)		
3a(ii)		
3b		

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				
d Equipment		408,236.	406,498.	1,738.
e Other		1,965,431.	1,957,287.	8,144.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				9,882.

Schedule D (Form 990) 2023

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.**

Schedule D (Form 990) 2023

59-3409057 Page **3**

Part VII Investments - Other Securities

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

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

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY/ ACCRUED	
(3) COMPENSATED ABSENCES	331,251.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	331,251.

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) 2023

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

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

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

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.

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

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 X, LINE 2:

MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A
SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE
ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS.

CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

59-3409057

Page 2

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT SERVICES TO PROGRAM PARTICIPANTS	0	0.	458,566.		
TRAINING SERVICES FOR PROGRAM PARTICIPANTS	0	0.	4,399,375.		

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS, SUPPORT SERVICES, AND TRAINING ARE PROVIDED ON BEHALF OF QUALIFIED INDIVIDUALS BASED ON PROGRAM CRITERIA ESTABLISHED BY THE ORGANIZATION. TRAINING GRANTS ARE PAID TO EMPLOYERS FOR ON-THE-JOB TRAINING AND TO EDUCATIONAL INSTITUTIONS FOR DIRECT TRAINING. SUPPORT SERVICES INCLUDE TRANSPORTATION SUPPORT, BOOKS AND UNIFORMS, ASSESSMENTS AND WORKSHOPS, AND OTHER SUPPORT SERVICES THAT MAY BE NEEDED TO ASSIST QUALIFIED INDIVIDUALS TO ACHIEVE EMPLOYMENT. THE PROGRESS OF QUALIFIED INDIVIDUALS AND THE RELATED COSTS ARE MONITORED BY

CASE MANAGEMENT STAFF.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.** Employer identification number **59-3409057**

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.

First-class or charter travel	Housing allowance or residence for personal use
Travel for companions	Payments for business use of personal residence
Tax indemnification and gross-up payments	Health or social club dues or initiation fees
Discretionary spending account	Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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 checked="" type="checkbox"/> Written employment contract
Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
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

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

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

Schedule J (Form 990) 2023

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

[illegible]

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.

**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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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FORM 990, ITEM C, DOING BUSINESS AS:

CAREERSOURCE CITRUS LEVY MARION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT HIGH-QUALITY EDUCATION/TRAINING AND EMPLOYMENT SERVICES TO MEET
REGIONAL WORKFORCE NEEDS.

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

THE ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE ORGANIZATION'S
MANAGEMENT STAFF WILL REVIEW AND APPROVE THE FORM 990. THE BOARD OF
DIRECTORS WILL RECEIVE AND REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION TO
THE IRS.

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

REENFORCEMENT OF CONFLICTS OF INTEREST POLICY: BOARD MEMBERS ARE REQUIRED
TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. BASED ON THOSE
DISCLOSURES, STAFF ENSURES BOARD MEMBERS ABSTAIN FROM VOTING ON ITEMS
RELATED TO THE CONFLICT.

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

COMPENSATION PROCESS FOR TOP OFFICIAL: A SPECIAL REVIEW COMMITTEE OF
INDEPENDENT BOARD MEMBERS REVIEWS THE PERFORMANCE OF THE CEO CONTRACT AND
DETERMINES ANNUAL COMPENSATION. THE COMMITTEE USES A SALARY SURVEY STUDY
OF FLORIDA WORKFORCE BOARDS TO ASSIST IN THE DETERMINATION OF SALARY. THE
CEO COMPLETES AN ANNUAL REVIEW AND DETERMINES ANNUAL COMPENSATION FOR ALL
OTHER EMPLOYEES. THESE PROCESSES ARE DOUMENTED.

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

Schedule O (Form 990) 2023

Name of the organization CITRUS, LEVY, MARION REGIONAL WORKFORCE
DEVELOPMENT BOARD, INC.

Employer identification number
59-3409057

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: ALL GOVERNING DOCUMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT PROCESS AND THE SELECTION OF
AUDIT SERVICES HAS NOT CHANGED FROM THE PRIOR YEAR.



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

Request for Information for finance user interface

BACKGROUND:

We currently use the Gazelle system as a staff user interface for issuance of customer purchase orders for tuition, books, fees and supportive services. This system links to our financial software MIP. We have been informed by Gazelle that they are shutting the system down effective December 30, 2025.

POINTS OF CONSIDERATION:

We feel it imperative to issue a Request for Information (RFI) to obtain more insight into other products with similar characteristics to Gazelle. An RFI may result in the need to issue a Request for Proposals (RFP) based on initial cost estimates to maintain compliance with procurement standards. This will be determined after we have reviewed the information received from interested parties.

STAFF RECOMMENDATIONS:

Issue a Request for Information for finance user interface software

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

Discontinuance of Indefinite Quantity Agreements (IQA)

BACKGROUND:

Historically, we have executed agreements with all of the training providers we pay tuition funds to on behalf of our customers. This is a basic, blanket agreement for data sharing efforts. However, we do not have any additional requirements of our providers outside of maintaining performance standards (not part of IQA). Some regions do have additional stipulations that training providers must adhere to so this makes sense for them.

POINTS OF CONSIDERATION:

Florida Commerce has recently retooled how training providers apply for and provide training in Florida. This process has been moved to the State level. LWDBs have the option of adopting the statewide Eligible Training Provider List (ETPL). However, it is not feasible to engage in agreements with every provider on the state list and creates a burden not only on them, but CLM. Additionally, there is no benefit since we do not have additional criteria attached to our funding.

STAFF RECOMMENDATIONS:

Discontinue executing Indefinite Quantity Agreements with training providers.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee
Wednesday, May 28, 2025

TOPIC/ISSUE:

Annual benefits renewal.

BACKGROUND:

The annual health insurance renewal is July 1, 2025. Renewal rates were received through Two-Twelve Benefits.

Florida Blue presented rates that average a 10% increase in comparison with PY24.

The base contribution toward each employee's benefits will be increased from \$620.17 to \$666.47. This is approximately 7% increase in the employer funded part.

All plan costs over the baseline employer contribution amount will be paid by the employee. The baseline contribution amount is variable based on the premium increases and has been calculated to keep plan costs/value fair across all plans.

POINTS OF CONSIDERATION:

- Our Ancillary plans with Florida Blue & Florida Combined Life / US Able remain the same
- We switched three of the five Florida Blue health plans from last year. This allowed for a smaller increase as the initial increase would have been a 13.3% average increase over total premium.

NEW PLAN

BlueCare 132/133 HSA

Replaces Blue Care 128/129

NEW PLAN

BlueOptions 05906

Replaces BlueOptions 3566

NEW PLAN

BlueCare 50

Replaces Blue Care Plan 47

STAFF RECOMMENDATIONS:


Our recommendation is that we contract with Florida Blue for the five (5) options listed below for program year 25-2026:

1. BlueCare 132/133 HSA –The monthly company share of the premium will be \$666.47. This plan will be used as the baseline employer contribution amount for the remaining plans. This plan will be offered at \$0.00 cost to the employee.
2. Blue Options 5302 – a PPO plan with a monthly rate of \$664.66. This plan will be offered at \$0.00 cost to the employee.
3. Blue Options 05906 (new) – an PPO plan. We recommend the company pay the baseline amount of \$666.47. Biweekly employee contribution will be \$86.38
4. Blue Care 50 (new) – an HMO plan. We recommend the company pay the baseline amount of \$666.47. Biweekly employee contribution will be \$83.46
5. Blue Care 60 – a HMO plan. We recommend the company pay the baseline amount of \$666.47. Biweekly employee contribution will be \$121.87

COMMITTEE ACTION:

BOARD ACTION:

CareerSource Citrus Levy Marion
July 1, 2025 - June 30, 2026
Florida Blue Final Rates = +10% net increase

	New		New	New	
	Florida Blue BlueCare 132/133 HSA	Florida Blue BlueOptions 5302	Florida Blue BlueOptions 05906	Florida Blue BlueCare 50	Florida Blue BlueCare 60
	HMO	PPO	PPO	HMO	HMO
PREVENTATIVE BENEFITS	In State Only	In and Out of State	In and Out of State	In State Only	In State Only
Annual Physicals	No Charge	No Charge	No Charge	No Charge	No Charge
Well Woman Exam @ GYN	No Charge	No Charge	No Charge	No Charge	No Charge
Mammograms	No Charge	No Charge	No Charge	No Charge	No Charge
Well Child Care / Immunizations	No Charge	No Charge	No Charge	No Charge	No Charge
OFFICE VISITS					
Primary Care Physician	Deductible + Coinsurance	\$30 Copay	\$10 Copay	\$35 Copay	\$25 Copay
Specialist	Deductible + Coinsurance	\$55 Copay	\$100 Copay	\$65 Copay	\$45 Copay
OTHER SERVICES					
Urgent Care (Non-Phy. Visit)	Deductible + Coinsurance	\$60 Copay	Deductible + Coinsurance	\$70 Copay	\$45 Copay
Emergency Room	Deductible + Coinsurance	\$300 + Deductible + Coinsurance	Deductible + Coinsurance	\$300 Copay	\$100 Copay
Blood & Lab Test	Deductible + Coinsurance	No Charge	No Charge	No Charge	No Charge
Diagnostic Services (X-rays, Ultrasounds)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	\$50 Copay	\$45 Copay
Advanced Imaging (MRI, MRA, PET, CT)	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	\$300 Copay	\$80 Copay
Outpatient Surgery	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	\$275 Copay
Inpatient Hospitalization	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	\$325 copay per day, \$1,625 max
Prescription Drugs	\$10 / \$50 / \$80	\$10 Generic Choices	\$10 / \$60 / \$100 / 20%	\$10 / \$60 / \$100 / 20%	\$10 / \$60 / \$100 / 20%
FINANCIAL DETAILS					
Deductible: Individual / Family	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$6,350	\$500 / \$1,000
Coinsurance	80% / 20%	70% / 30%	80% / 20%	70% / 30%	90% / 10%
Out-of-Pocket Max: Individual / Family	\$6,850 / \$13,100	\$6,350 / \$12,700	\$7,900 / \$15,800	\$6,350 / \$12,700	\$3,500 / \$7,000
Includes:	Deductible, Copays & Coinsurance	Deductible, Copays & Coinsurance	Deductible, Copays & Coinsurance	Deductible, Copays & Coinsurance	Deductible, Copays & Coinsurance
OUT-OF-NETWORK					
Deductible: Individual / Family	N/A	See Summary	See Summary	N/A	N/A
Coinsurance	N/A	See Summary	See Summary	N/A	N/A
Out-of-Pocket Max: Individual / Family	N/A	See Summary	See Summary	N/A	N/A
Monthly Premium	2025 Renewal Rates	2025 Renewal Rates	2025 Renewal Rates		2025 Renewal Rates
Employee Only	\$666.47	\$664.66	\$853.62	\$847.30	\$930.52
Employee Spouse	\$1,519.54	\$1,515.43	\$1,946.23	\$1,931.83	\$2,121.59
Employee + Child	\$1,332.93	\$1,329.32	\$1,707.22	\$1,694.60	\$1,861.04
Employee + Family	\$2,132.69	\$2,126.92	\$2,731.56	\$2,711.35	\$2,977.66
Employee Only	6	32	5	11	6
Employee Spouse	1	2	0	0	0
Employee + Child	0	0	0	0	0
Employee + Family	0	0	0	0	0
Employee only biweekly contribution					
	0	0	\$86.38	\$83.46	\$121.87

****This document is intended as an illustrative summary of covered medical benefits.**

****For a complete list of covered services, please refer to the plan documents.**



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

Subgrantee Agreement Compliance- Schedule of Operations

BACKGROUND:

The Subgrantee Agreement calls for certain approvals by the Board.

g. Annually before July 1 of each state fiscal year, the Board shall adopt a schedule of operations for the upcoming state fiscal year. Such schedule of operations shall include, but is not limited to, daily hours of operation of one- stop operators, and a holiday closure schedule which adopts either the federal, state, or appropriate county holiday schedule. If the Board has a career center that is affiliated with a college or university, the college or university schedule may be adopted for those centers. The proposed schedule must be approved by the Board and posted on the Board's website in a conspicuous, easily accessible manner. The Board must give prior approval to any deviations from the schedule, except in emergency or reasonably unforeseeable circumstances (e.g., an order of the President or Governor, total loss of facilities from a catastrophic natural or man-made disaster, etc.). If emergency circumstances exist which result or could foreseeably result in a shutdown, the Board shall ensure that FL Commerce and the State Board are informed within 48 hours of such shutdown or potential shutdown

POINTS OF CONSIDERATION:

Requires the Board to set hours of operation and official dates of closure. Holiday schedule should be either federal, state or county schedule. Board can give prior approval to deviations to the schedule.

CLM has 11 holiday closures, the same number as the federal schedule, except that instead of Washington's Birthday and Columbus Day, CLM has the Friday after Thanksgiving and Christmas Eve.

In addition, CLM offices/centers close four (4) times per year for staff training

For hours of operation, CLM's normal hours of operation are Monday through Friday, 8:00am until 5:00 pm.

STAFF RECOMMENDATIONS:

Adopt the Federal Holiday Schedule, with the following deviation: substitute the Friday after Thanksgiving and Christmas Eve for Washington's Birthday and Columbus Day.

Approve CEO designating up to four (4) staff training days per year, providing the Board and FL Commerce at least two weeks advanced notice with the notice posted on each office and on the website and through social media.

Approve the normal hours of operation to be Monday through Friday 8:00 am through 5:00 pm.

COMMITTEE ACTION:

BOARD ACTION:

JANUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Wednesday January 1

NEW YEAR'S DAY (2025)

Monday JANUARY 20

MARTIN LUTHER KING DAY

Monday MAY 26

MEMORIAL DAY

MARCH

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Thursday JUNE 19

JUNETEENTH

Friday JULY 4

INDEPENDENCE DAY

Monday SEPTEMBER 1

LABOR DAY

MAY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Tuesday NOVEMBER 11

VETERANS DAY

Thurs. & Friday NOVEMBER 27 & 28th

THANKSGIVING DAY AND DAY AFTER

Wednesday DECEMBER 24 & Thursday DECEMBER

CHRISTMAS EVE and CHRISTMAS DAY -

JULY

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

DECEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



3003 SW College Rd. Suite 205

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ipozo@careersourceclm.com

When Holiday falls on Saturday Observed on Friday, Falls on Sunday- Observed on Monday.



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

On the Job Training Agreement Reimbursements

BACKGROUND:

Florida Commerce is in process of applying for a waiver to the Department of Labor to permit OJT reimbursements to equal up to 90% for all businesses in Florida and up to 100% for businesses located in opportunity zones. It is anticipated that the waiver may be granted by DOL prior to the next Executive Committee meeting. We feel that the waiver will be approved as the DOL has recently released guidance on recommendations of waivers to state workforce agencies.

POINTS OF CONSIDERATION:

We would like the flexibility to update our local policy to include these reimbursement rates at the point in time a waiver may be granted.

STAFF RECOMMENDATIONS:

Approve staff to update local policy to include new reimbursement rates at the point in time a waiver is granted.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

Staff Increases

BACKGROUND:

We are proposing to provide non-contracted staff with a 3% Cost of Living Adjustment to their wage/salary effective July 1, 2025. In addition to the 3% staff will be eligible to receive UP TO an additional 2% based on scoring in their annual performance evaluation. Three tiers of increases will exist based on a point system attached to our current evaluation document:

1. Meets Expectations – 3%
2. Meets to Exceeds Expectations – 4%
3. Exceeds Expectations – 5%

POINTS OF CONSIDERATION:

Staff performance evaluations will occur during August and September 2025. Staff increases will be dependent on available funding in the finalized budget. Increases will be retroactive to July 1, 2025, upon completion of annual reviews.

STAFF RECOMMENDATIONS:

Approve an increase for all non-contracted hourly and salaried staff at a rate of 3% with the ability to earn an additional 2% based on scoring of annual reviews.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 28, 2025

TOPIC/ISSUE:

50% ITA allocation waiver request

BACKGROUND:

Per section 445.003(3)(a)(1) of Florida statute requires that: *"....50 percent of the Title I funds for Adults and Dislocated Workers which are passed through to local workforce development boards shall be allocated to and expended on Individual Training Accounts unless a local workforce development board obtains a waiver from CareerSource Florida, Inc."*

POINTS OF CONSIDERATION:

We have experienced a 10% reduction in funding over last program year. To ensure we can maintain appropriate services to businesses and job seekers we recommend the submission of a waiver that would reduce our required allocation of WIOA funds to training activities to 30%.

STAFF RECOMMENDATIONS:

Approve the submission of the 2025 ITA allocation waiver request.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee
Wednesday, May 28, 2025

TOPIC/ISSUE:

Joint Audit RFP Recommendation

BACKGROUND:

The Board of Directors approved the release of a Request for Proposals (RFP) for joint auditing services on March 12, 2025. The firm selected will provide annual financial auditing services for both CareerSource Citrus Levy Marion and CareerSource North Florida per our financial services agreement.

POINTS OF CONSIDERATION:

Four proposals were received. Staff reviewed each proposal and scored submissions based on the information requested in the RFP on a standardized scoring matrix. The following organizations provided responses to our request and their corresponding score is listed as a percentage of the total possible points of 100.

Powell and Jones: 94.4%

MKA CPA: 89.8%

James Moore: 87.4%

George Dimov CPA: 69.9%

STAFF RECOMMENDATIONS:

Approve Powell and Jones to be selected for auditing services beginning July 1, 2025.

COMMITTEE ACTION:

BOARD ACTION: