



**Consortium Meeting**  
**College of Central Florida**  
**Enterprise Center, Suite 206**  
**3003 SW College Rd., Ocala, FL 34474**

## **AGENDA** **Wednesday, June 19, 2019 – 9:30 a.m.**

<http://careersourceclm.adobeconnect.com/consortium6-19-2019/>

**Conference Call: 1-866-848-2216 – after prompt, enter code 5355193397#**

Call to Order		J. Smith
Roll Call		C. Schnettler
Approval of Minutes, February 25, 2019	Pages 2 - 3	J. Smith

### **ACTION ITEMS**

2019 - 2020 Budget	Pages 4 - 6	R. Skinner
State ITA Waiver	Pages 7 - 11	R. Skinner
Board Member Re-Appointments	Pages 12 - 13	R. Skinner

### **DISCUSSION ITEMS**

Board Member Recruitment	Page 13	R. Skinner
Form 990	Pages 14 - 54	R. Skinner
2019 – 2020 Work Plan	Page 55	R. Skinner
CEO Contract	Pages 56 - 60	R. Skinner
DEO Investigation of Tampa Bay	Previously Emailed	R. Skinner

### **PROJECT UPDATES**

Grant Updates	Pages 61 - 75	R. Skinner
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### **MATTERS FROM THE FLOOR**

### **ADJOURNMENT**

2019 – 2020 MEETING SCHEDULE					
Business and Economic Development Committee	Career Center Committee	Performance/Monitoring Committee	Marketing/Outreach Committee	Executive Committee	Full Board
All Committee Board meetings are held at the CF Ocala Campus, Enterprise Center, Room 206					TBD
TBD	TBD	TBD	TBD	TBD	TBD

### **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  
Consortium**

**MINUTES**

DATE: February 25, 2019  
PLACE: College Of Central Florida, Enterprise Center, Building 42, Ocala, FL  
TIME: 1:00 p.m.

**MEMBERS PRESENT**

Commissioner Smith  
Commissioner Gold  
Commissioner Brooks

**MEMBERS ABSENT**

**OTHER ATTENDEES**

Rusty Skinner, CSCLM  
Kathleen Woodring, CSCLM  
Brenda Chrisman, CSCLM  
Robert Stermer, Attorney

William Burda, CSCLM Board Member  
Cira Schnettler, CSCLM

**CALL TO ORDER**

The meeting was called to order by Commissioner Smith, Chair, at 1:00 p.m.

**ROLL CALL**

Cira Schnettler called roll and a quorum was declared present.

**APPROVAL OF MINUTES**

Commissioner Gold made a motion to approve the minutes from the July 12, 2018 meeting. Commissioner Brooks seconded the motion. Motion carried.

**ACTION ITEMS**

**Local Designation**

Commissioner Gold approved the execution of the document for the designation and recertification of the Citrus Levy Marion workforce region. Commissioner Smith seconded the motion. Motion carried.

### Board Appointments

Commissioner Gold approved the appointments of Bruce Register, Tabitha Wells, Brandon Whiteman, and Jeff Change. Commissioner Brooks seconded the motion. Motion carried.

Additional discussion ensued regarding board attendance issues that will be addressed at the next full board meeting.

### **DISCUSSION ITEMS**

#### 2018 Annual Report

Rusty Skinner presented the CLM annual report and activities. All three commissioners requested that the report be presented before each county's commissioner board. He also advised the board that a new CLM branding video will be released shortly.

Commissioner Smith asked about the industry video series that CLM has produced for the region's school systems. He inquired about how the videos have been received by the districts, how often and in what manner the schools are using the video series.

### **PROJECT UPDATES**

Rusty Skinner invited the Commissioners to the upcoming State of the Workforce Conference on April 18<sup>th</sup> and summarized the purpose and focus of the conference, as well as the key speakers that have been invited to the event.

### **MATTERS FROM THE FLOOR**

Commissioner Smith informed the committee that the regional advisory board for DJJ is becoming engaged and will be looking for future participation from CSCLM.

### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 1:26 p.m.

### **APPROVED:**

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## **RECORD OF ACTION/APPROVAL**

Executive Committee - 6/5/2019

Board Meeting - 6/12/2019

Consortium – 6/19/2019

### **TOPIC/ISSUE:**

Approval of budget for 2019/2020 year

### **BACKGROUND:**

Our budget year runs from July 01, 2019 to June 30, 2020. This budget includes our allocations and estimated carryforward (unspent funds from this year).

### **POINTS OF CONSIDERATION:**

- Our revenue has increased from last year. This may change once we have completed closeout for this year and determine our final carryforward amounts.
- We will update this budget and bring back to the Executive Committee following final close out of 2018/2019.
- Once the final budget is presented we will discuss any large balances with the Career Center Committee to determine desired approach.

### **STAFF RECOMMENDATIONS:**

Approve 2019/2020 Budget.

### **COMMITTEE ACTION:**

Charles Harris approved the draft budget. Fred Morgan seconded the motion. Motion carried.

### **BOARD ACTION:**

Bruce Register made a motion to accept and approve the recommendations made by the Executive committee as notated on the consent agenda. Kevin Cunningham seconded the motion. Motion carried.

### **CONSORTIUM ACTION:**

ATTACHMENT 1											
BUDGET - CSCLM											
PY 2019(JULY 2019 - JUNE 2020)											
6/5/2019	ADULT	YOUTH	TAA	DISL. WORKER	Apprenticeship 1	Apprenticeship 2	SOFT SKILLS	SECTOR STRATEGIES	RURAL INITIATIVES	VOC REHAB	WAGNER PEYSER
REVENUE											
P.Y. 2019 CONTRACTS	1,379,079	1,346,572	8,893	720,048	94,220	52,500	78,612	211,412	-	24,100	168,148
CARRYFORWARD	45,352	627,711	-	10,224	-	-	-	-	-	-	98,398
INCENTIVES/SUPPLEMENTAL	-	-	-	720,048	-	-	-	-	-	-	-
TRANSFER	810,000	-	-	(810,000)	-	-	-	-	-	-	-
TOTAL REVENUE	2,234,431	1,974,283	8,893	640,320	94,220	52,500	78,612	211,412	-	24,100	266,546
EXPENDITURES											
TOTAL ITA	32%										
TRAINING:											
ITA %	31%			35%							
ITA/TRAINING	172,000	-	6,911	17,000	17,000	-	-	90,000	-	-	-
OJT	106,000	-	-	-	-	-	-	-	-	-	-
EMPLOYED WORKER	15,000	-	-	922	-	-	-	-	-	-	-
INTERNSHIPS	40,000	-	-	-	-	-	-	-	-	-	-
ECKERD	-	-	-	-	-	-	-	-	-	-	-
TRAINING STAFF	276,757	-	-	184,504	-	-	-	-	-	-	-
TOTAL TRAINING	609,757	-	6,911	202,426	17,000	-	-	90,000	-	-	-
OPERATING:											
SUPPORTIVE SVS.	7,000	288,564	-	5,000	6,500	-	10,500	-	-	-	-
DIRECT CHARGE (STAFF)	-	-	-	-	-	-	49,724	-	-	7,000	-
ECKERD	15,000	679,391	-	11,145	-	-	-	-	-	-	-
DEO STAFF TRAVEL	-	-	-	-	-	-	-	-	-	-	7,000
OPERATING	-	40,000	-	-	49,000	40,000	-	50,000	-	-	120,000
TOTAL OPERATING	22,000	1,007,955	-	16,145	55,500	40,000	60,224	50,000	-	7,000	127,000
PROGRAM SUPPORT:											
FACILITIES	28,863	94,151	218	28,863	-	-	8,870	-	-	4,435	70,813
PROGRAM	82,228	144,022	-	26,794	8,615	4,753	-	16,636	-	832	15,091
INFORMATION TECHNOLOGY	82,598	105,994	-	19,719	-	-	-	-	-	612	11,107
OUTREACH	70,820	90,879	-	16,907	-	-	-	-	-	525	9,523
BUSINESS	406,972	-	-	97,159	-	-	-	-	-	3,016	-
SELF SERVICES	285,328	-	-	68,118	-	-	-	-	-	2,115	-
CAREER SERVICES	332,977	-	-	79,493	-	-	-	-	-	2,468	-
TOTAL PROGRAM SUPPORT	1,289,785	435,046	218	337,054	8,615	4,753	8,870	16,636	-	14,003	106,534
TOTAL EXPENDITURES	1,921,542	1,443,001	7,129	555,625	81,115	44,753	69,094	156,636	-	21,003	233,534
ADMIN POOL	223,756	48,150	827	62,099	9,627	5,312	7,425	18,591	-	2,105	21,526
GENERAL POOL	54,824	11,797	203	15,215	2,359	1,301	1,819	4,555	-	516	5,274
TOTAL INDIRECT COST RATE	278,580	59,947	1,030	77,314	11,986	6,613	9,244	23,145	-	2,621	26,800
BALANCE	34,309	471,334	735	7,381	1,119	1,134	274	31,630	-	477	6,212
INDIRECT RATE CALCULATION											
DIRECT TOTAL COSTS	1,921,542	1,443,001	7,129	555,625	81,115	44,753	69,094	156,636	-	21,003	233,534
LESS: LEASES	(10,798)	(35,224)	(82)	(10,798)	-	-	(3,318)	-	-	(1,659)	(26,493)
	(10,463)	(34,130)	(79)	(10,463)	-	-	(3,215)	-	-	(1,608)	(25,670)
SUBAWARD (ECKERDS)	(15,000)	(967,955)	-	(11,145)	-	-	-	-	-	-	-
TOTAL MTDC	1,885,281	405,692	6,968	523,218	81,115	44,753	62,560	156,636	-	17,736	181,371

ATTACHMENT 1															
BUDGET - CSCLM															
PY 2019(JULY 2019 - JUNE 2020)															
6/5/2019	VETERAN DVOP	UC	WTP	SNAP	UNITED WAY	BRIDGE SKILLED	Hurricane Michael	Hurricane Maria	YOUTH BUILD		GOV'T Challenge	RWB 6	REA	UN- RESTR	TOTAL
REVENUE															
P.Y. 2019 CONTRACTS	22,941	20,979	1,687,825	210,341	-	-	-	-	-	-	-	4,726	10,197	-	6,040,593
CARRYFORWARD	12,119	450	-	6,001	-	-	-	-	466,821	-	-	-	36,536	234,105	1,537,717
INCENTIVES/SUPPLEMENTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	720,048
TRANSFER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUE	35,060	21,429	1,687,825	216,342	-	-	-	-	466,821	-	-	4,726	46,733	234,105	8,298,358
EXPENDITURES															
TOTAL ITA															
TRAINING:															
ITA %															
ITA/TRAINING	-	-	-	-	-	-	-	-	-	-	-	-	-	-	302,911
OJT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	106,000
EMPLOYED WORKER	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15,922
INTERNSHIPS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40,000
ECKERD	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TRAINING STAFF	-	-	-	-	-	-	-	-	-	-	-	-	-	-	461,261
TOTAL TRAINING	-	-	-	-	-	-	-	-	-	-	-	-	-	-	926,094
OPERATING:															
SUPPORTIVE SVS.	-	-	155,000	-	-	-	-	-	135,013	-	-	-	-	-	607,577
DIRECT CHARGE (STAFF)	-	12,700	391,820	110,552	-	-	-	-	-	-	-	-	-	-	571,796
ECKERD	-	-	-	-	-	-	-	-	69,036	-	-	-	-	-	774,572
DEO STAFF TRAVEL	2,000	-	-	-	-	-	-	-	-	-	-	-	-	-	9,000
OPERATING	3,500	-	-	-	-	-	-	-	-	-	-	-	-	-	302,500
TOTAL OPERATING	5,500	12,700	546,820	110,552	-	-	-	-	204,049	-	-	-	-	-	2,265,445
PROGRAM SUPPORT:															
FACILITIES	19,921	2,617	58,381	16,795	-	-	-	-	3,490	-	-	4,726	6,834	-	348,977
PROGRAM	654	1,509	78,115	-	-	-	-	-	-	-	-	-	-	-	379,250
INFORMATION TECHNOLOGY	481	1,111	57,489	-	-	-	-	-	-	-	-	-	-	-	279,110
OUTREACH	412	952	49,292	-	-	-	-	-	-	-	-	-	-	-	239,310
BUSINESS	-	-	255,622	27,636	-	-	-	-	-	-	-	-	-	-	790,405
SELF SERVICES	-	-	198,592	-	-	-	-	-	-	-	-	-	-	-	554,152
CAREER SERVICES	-	-	231,756	-	-	-	-	-	-	-	-	-	-	-	646,694
TOTAL PROGRAM SUPPORT	21,468	6,189	929,248	44,431	-	-	-	-	3,490	-	-	4,726	6,834	-	3,237,900
TOTAL EXPENDITURES	26,968	18,889	1,476,068	154,983	-	-	-	-	207,539	-	-	4,726	6,834	-	6,429,438
ADMIN POOL	1,459	2,013	170,084	16,926	-	-	-	-	109	-	-	-	214	-	590,222
GENERAL POOL	357	493	41,673	4,147	-	-	-	-	27	-	-	-	52	-	144,614
TOTAL INDIRECT COST RATE	1,817	2,506	211,758	21,073	-	-	-	-	136	-	-	-	266	-	734,836
BALANCE	6,276	33	(0)	40,286	-	-	-	-	259,146	-	-	0	39,633	234,105	1,134,084
INDIRECT RATE CALCULATION															
DIRECT TOTAL COSTS	26,968	18,889	1,476,068	154,983	-	-	-	-	207,539	-	-	-	6,834	-	6,424,712
LESS: LEASES	(7,453)	(979)	(21,842)	(6,283)	-	-	-	-	(1,306)	-	-	-	(2,557)	-	(128,792)
	(7,221)	(949)	(21,164)	(6,088)	-	-	-	-	(1,265)	-	-	-	(2,477)	-	(124,794)
SUBAWARD (ECKERDS)	-	-	-	-	-	-	-	-	(204,049)	-	-	-	-	-	(1,198,149)
TOTAL MTDC	12,294	16,961	1,433,062	142,611	-	-	-	-	919	-	-	-	1,800	-	4,972,978



## **RECORD OF ACTION/APPROVAL**

Board Meeting – 6/12/19  
Consortium – 6/19/19

### **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 are currently operating on a granted waiver that permits us to allocate 25% of our funds to customer ITAs (and qualifying cost categories). This waiver has allowed us to be more flexible in staffing patterns to react quickly to changing economic needs of the region. This waiver also permits us to use more funding to provide supportive services to the hardest to serve populations. On average, 35% of our funding is allocated to ITAs each year.

### **STAFF RECOMMENDATIONS:**

Approve the submission of the 2019 ITA allocation waiver extension request.

### **BOARD ACTION:**

William Burda made a motion to approve the ITA waiver. Fred Morgan seconded the motion. Motion carried.

### **CONSORTIUM ACTION:**



[careersourceclm.com](http://careersourceclm.com)

CareerSource Florida  
Tallahassee, FL 32317

CareerSource Florida Board of Directors:

In compliance with Section 445.003(3)(a)(1) Florida Statute, CareerSource Citrus Levy Marion is formally requesting a one year extension on our existing 50% Training Requirement Waiver. The existing waiver permits for an ITA expenditure of 25%.

The attached request includes all necessary items as specified in Administrative Policy Number 074.

Please contact me with any questions.

Sincerely,

Thomas 'Rusty' Skinner  
Chief Executive Officer

## **Section 1: Local Training Needs and Business Focus**

Per CareerSource Administrative Policy 074 all waiver requests must show a lack of demand for authorized training services. However, a lack of demand for training services is not so much the reason for our waiver request, rather a need to develop a more suitable and training-ready candidate pool. We have expanded our efforts to use work-based training as an on-ramp to employment for our current talent pool. However, as unemployment figures continue to shrink we are left with a more difficult pool to place. Most candidates currently seeking our services require the highest level of assessment, employment plan development and ongoing employment preparation services. These services include one-on-one counseling, workshops, resume development, and mock interviews. This need for more individualized career services requires our ability to focus WIOA funding to where it is most advantageous to the current talent pool. At this time that focus is needed in career services, thus reducing our ability to focus wholly on Individual Training Accounts (ITAs).

We have found that work-based training such as On the Job Training (OJT) and Paid Internship/Paid Work Experience have a far greater impact for those hardest to serve individuals. Because work-based training is designed to remediate skills gaps the candidates must be more prepared to market the skills and positive attributes they do possess. Work-based training opportunities do require more staff time to develop and tailor for each trainee. Candidate assessments and training plan development require a much more hands on approach than does traditional classroom enrollment since each opportunity is crafted specifically for the trainee.

As labor pools tighten the search for skilled talent is equally challenging. Recruitment of candidates for higher skilled positions poses a problem as many of the skilled workers don't necessarily need to visit a workforce office to find employment and remain in the 'virtual' talent pool. This, however, does not reduce the demand from the businesses seeking our services that prefer we seek out, screen and pre-qualify applicants. We are increasing our efforts to locate this hidden talent and bring it into our offices where we can make connections with the businesses requesting our services. An increased focus on Business Services and talent sourcing, however, requires more staff hours that reduce our ability to meet ITA allocation requirements. During times of low unemployment we must shift our focus toward the needs of the business community in order to remain a relevant and needed commodity within the community.

In short, we have experienced a substantial shift to career service provision to balance the needs of both our customers – businesses and candidates.

## **Section 2: Local Impact of ITA Requirements**

Since the time of the 50% ITA requirement CareerSource Citrus Levy Marion has continued to see budget reductions. The total in budget reductions between 2012 and 2019 has been 21%. In 2011 CSCLM began anticipating ongoing budget reductions and performed a complete organizational restructuring. The elimination of the primary service provider, delivery of direct services and compression of management resulted in over \$400,000.00 in annual savings. These funds were made available for the

addition of two mobile resource units and additional staff for heightened business and candidate services in the rural areas of counties.

Additionally, LWDB 10 is ramping up our efforts to expand apprenticeship opportunities throughout our three county area. These expansion efforts are increasing our need for more business and educational provider mediation and outreach. As we work through the process of apprenticeship establishment we have become aware of our need to be more active in the coordination, planning and sponsorship of apprenticeship opportunities. All of these activities require more staff intensive work that will reduce our available ITA enrollment, but will have long lasting positive impacts in our local economy.

It is worth noting that despite having operated on a 25% waiver since 2012 we have consistently maintained an ITA expenditure rate between 30% and 35%. The total expenditure for this program year continues to average 35%. However, the ability to maintain the waiver has given us the flexibility to remain nimble during economic shifts and special initiative launches to ensure we maintain a high level of service where needed.

It is our intent with increased focus on Business Services and work-based training to develop more training and employment opportunities through our highly successful On the Job Training (OJT), Customer Business Training (Employed Worker) and Paid Internship and Work Experience programs. Our goal is to connect our current difficult to serve population with businesses that can provide work-based training while providing the trainee an opportunity to earn a self-sufficient wage. Entry- and mid-skilled positions in warehousing, logistics and construction provide sound on-ramps to career pathways in these industries and are well suited for On the Job Training and Paid Work Experience when combined with short term classroom or 'bootcamp' style training in lieu of traditional classroom based training.

Continued reduction in funding paired with the need for increased staff resources to respond to targeted sector partnerships (shift toward increased Business Services), increased demands for heightened screening and recruitment of talent, additional business satisfaction requirements as included in the current Performance Funding Model, a shift toward experiential training (made most successful through ability to provide support services), and increased program development with our education partners support the need for an extension of our current waiver under which we may allocate and expend 25% of WIOA funding to ITA activities.

It is also worth noting that our most recent Common Measures report shows that LWDB 10 is exceeding its goals in all areas.

## Signature Page

### Request for Extension

LWDB: 10

LWDB Name: CareerSource Citrus Levy Marion

Contact: Thomas E. Skinner, Jr.

Contact Number: 352-873-7939 ext. 1204

The Local Workforce Development Board seeks to extend its existing 50% Training Requirement Waiver. The current waiver permits for an ITA expenditure rate of 25%. This extension to the waiver is to be effective for the period of July 1, 2019 through June 30, 2020.

The signatures below certify agreement to the request for the extension submitted by the Local Workforce Development Board and the assurance that the Local Workforce Development Board will operate in accordance with this extension, its Workforce Services Plan, and applicable federal and state laws and regulations. Additionally, CSCLM agrees to accept any conditional changes to a granted waiver should CareerSource Florida determine that conditions warrant such a change.

#### Chief Elected Official

#### Local Workforce Development Board Chair

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Signature

Jimmie T. Smith

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Name (printed or typed)

Consortium Chair

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Title

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Signature Date

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Signature

Rachel Riley

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Name (printed or typed)

Board Chair

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Title

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Signature Date



## **RECORD OF ACTION/APPROVAL**

**Consortium  
June 19, 2019**

### **TOPIC/ISSUE:**

Terms for Board members: Reappointment

### **BACKGROUND:**

The attached Board member matrix denotes Board members whose terms expire June 30, 2019

### **POINTS OF CONSIDERATION:**

All board members are eligible for reappointment.

### **STAFF RECOMMENDATIONS:**

Consortium to consider reappointment of all members whose terms are expiring.

### **COMMITTEE ACTION:**

### **BOARD ACTION:**

## BOARD MEMBERSHIP TERMS - 6/13/19

WORKFORCE REP(20%)=8 MEMBERS (AT 33 TOTAL)						RE-APPOINTMENT
SECTOR	NAME	APPOINTED	LENGTH	TERM EXPIRES	COUNTY	REQUESTS
1 Apprenticeship	Vacant			2019	Marion	2022
2 CBO/ Barriers	Theresa Flick	6/28/2016	4	2020	Citrus	
3 CBO/ Barriers	Charles Harris	1/25/2018	3	2021	Marion	
4 CBO/Barriers-Vet	Ted Knight	6/28/2016	3	2019	Citrus	2023
5 Labor	Fred Morgan	6/28/2016	5	2021	Marion	
6 Labor	Nelson Mathis, Jr	6/28/2016	4	2020	Levy	
7 Youth Serving Organization	Jorge Martinez	6/28/2016	3	2019	Marion	2022
8 Youth Serving Organization	Carol Jones	3/1/2017	2	2019	Levy	2023
<b>GOVERNMENT/ EDC 4 SEATS</b>						
9 Economic Development	David Pieklik	7/1/2018	1	2019	Levy	2022
10 Economic Development	Bruce Register	7/1/2018	1	2019	Citrus	2023
11 Trans/ Public Housing	Judy Houlios	6/28/2016	3	2019	Marion	2022
12 Voc Rehab	Y. Lewis-Brown	5/1/2017	2	2019	All	2023
<b>EDUCATION 4 SEATS</b>						
13 Education-Adult	Mark Vianello	3/1/2017	2	2019	Marion	2022
14 Education-Higher Private	Pete Beasley	6/28/2016	4	2020	Marion	
15 Education-Higher Public	Mark Paugh	6/28/2016	5	2021	All	
16 Education-School District	Debra Stanley	3/1/2017	2	2019	Citrus	2023
<b>PRIVATE SECTOR 17 SEATS</b>						
17 Private Sector- Retail	Darlene Goddard	6/28/2016	5	2021	Marion	
18 Private Sector	Vacant		4	2019	Levy	2022
19 Private Sector-Manufacturing	Jeff Chang	2/25/2019	2	2019	Marion	2023
20 Private Sector-Healthcare	Rachel Riley	6/28/2016	4	2020	Citrus	
21 Private Sector - Insuranc	Brandon Whiteman	2/25/2019	2	2019	Marion	2022
22 Private Sector	Vacant		2	2020	Levy	
23 Private Sector-IT	Mike Melfi	6/28/2016	3	2019	Citrus	2023
24 Private Sector	Vacant		3	2019	Citrus	2022
25 Private Sector-Retail	Al Jones	3/1/2017	2	2019	Citrus	2023
26 Private Sector-Finance	Vacant		1	2018	Marion	
27 Private Sector-Business Support Services	William Burda	3/1/2017	4	2021	Citrus	
28 Private Sector-Manufacturing	Pat Reddish	6/28/2016	3	2019	Marion	2022
29 Private Sector-	Vacant		2	2021	Levy	
30 Private Sector-Real Estate	Kevin Cunningham	6/28/2016	5	2021	Citrus	
31 Private Sector-Utilities	Kathy Judkins	6/28/2016	5	2021	Marion	
32 Private Sector-Utilities	Kim Baxley	1/25/2018	3	2021	Levy	
33 Private Sector	Vacant		4	2023	Levy	

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GOVERNMENT COPY

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

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

Employer identification number

**59-3409057**

Name and title of officer

**THOMAS E. SKINNER, JR.  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,629,694.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize RICHARD C. POWELL POWELL AND JONES to enter my PIN 34474  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ 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.

**59226132025**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RICHARD C. POWELL POWELL AND JONES Date ▶ 05/01/19

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

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2017.04000 CITRUS, LEVY, MARION REGION 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</b> Doing business as <b>CAREERSOURCE CITRUS LEVY MARION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3003 SW COLLEGE ROAD, STE 107 107</b> City or town, state or province, country, and ZIP or foreign postal code <b>OCALA, FL 34474</b> <b>F</b> Name and address of principal officer: <b>THOMAS E. SKINNER, JR</b> <b>3003 SW COLLEGE ROAD, STE 107, OCALA, FL 34</b>	<b>D</b> Employer identification number <b>59-3409057</b> <b>E</b> Telephone number <b>352-873-7939</b> <b>G</b> Gross receipts \$ <b>6,629,694.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.CAREERSOURCECLM.COM</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>FL</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> ..... <b>29</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> ..... <b>29</b> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> ..... <b>70</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> ..... <b>0</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> ..... <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> ..... <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>6,518,504.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>121,267.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>563.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>6,640,334.</b>	<b>Prior Year</b>	<b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>786,803.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,601,084.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... <b>0.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>2,182,181.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>6,570,068.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>70,266.</b>	<b>786,803.</b>	<b>898,325.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>1,228,089.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>991,450.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>236,639.</b>	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>1,228,089.</b>	<b>1,589,286.</b>
		<b>991,450.</b>	<b>1,306,465.</b>
		<b>236,639.</b>	<b>282,821.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>THOMAS E. SKINNER, JR, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RICHARD C. POWELL</b> Preparer's signature <b>RICHARD C. POWELL</b> Date <b>05/01/19</b> Check <input type="checkbox"/> if self-employed PTIN <b>P01426180</b> Firm's name ▶ <b>POWELL AND JONES, CPA'S</b> Firm's EIN ▶ <b>59-2145410</b> Firm's address ▶ <b>1359 SW MAIN BLVD</b> <b>LAKE CITY, FL 32025</b> Phone no. <b>386-755-4200</b>	

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

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

Form 990 (2017)

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 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 \$ **3,537,230.** including grants of \$ **696,640.**) (Revenue \$ )  
**THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SUPERSEDES THE JOB TRAINING PARTNERSHIP ACT (JTPA) 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 \$ **1,110,953.** including grants of \$ **46,960.**) (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 \$ **132,653.** including grants of \$ ) (Revenue \$ )  
**SNAP OFFERS NUTRITION ASSISTANCE TO MILLIONS OF ELIGIBLE, LOW-INCOME INDIVIDUALS AND FAMILIES AND PROVIDES ECONOMIC BENEFITS TO COMMUNITIES. SNAP IS THE LARGEST PROGRAM IN THE DOMESTIC HUNGER SAFETY NET. THE FOOD AND NUTRITION SERVICE WORKS WITH STATE AGENCIES, NUTRITION EDUCATORS, AND NEIGHBORHOOD AND FAITH-BASED ORGANIZATIONS TO ENSURE THAT THOSE ELIGIBLE FOR NUTRITION ASSISTANCE CAN MAKE INFORMED DECISIONS ABOUT APPLYING FOR THE PROGRAM AND CAN ACCESS BENEFITS. FNS ALSO WORKS WITH STATE PARTNERS AND THE RETAIL COMMUNITY TO IMPROVE PROGRAM ADMINISTRATION AND ENSURE PROGRAM INTEGRITY.**
- 4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **745,296.** including grants of \$ **154,725.**) (Revenue \$ **159,421.**)
- 4e** Total program service expenses **5,526,132.**

Form **990** (2017)

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

Form 990 (2017)

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**Part IV Checklist of Required Schedules**

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

Form **990** (2017)

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

Form 990 (2017)

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	<b>X</b>
<b>b</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> .....	<b>25b</b>	<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<b>32</b> 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> .....	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>
<b>34</b> 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> .....	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	<b>X</b>
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<b>X</b>

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 26		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 70		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**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 in 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 29		
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 in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 29		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		<b>X</b>

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

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

**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 (or 1024 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 in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**SUSAN HELLER - 352-873-7939**  
**3003 SW COLLEGE ROAD, STE 107, OCALA, FL 34474**

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**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARLENE GODDARD BOARD MEMBER	1.00	X						0.	0.	0.
(2) KEVIN CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(3) DR. MARK PAUGH BOARD MEMBER	1.00	X						0.	0.	0.
(4) MIKE MELFI BOARD MEMBER	1.00	X						0.	0.	0.
(5) PAT REDDISH BOARD MEMBER	1.00	X						0.	0.	0.
(6) PETE BEASLEY BOARD MEMBER	1.00	X						0.	0.	0.
(7) TED KNIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(8) THERESA FLICK BOARD MEMBER	1.00	X						0.	0.	0.
(9) NELSON MATHIS, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(10) JORGE MARTINEZ BOARD MEMBER	1.00	X						0.	0.	0.
(11) FREDRICK MORGAN BOARD MEMBER -TREASURER	1.00	X		X				0.	0.	0.
(12) CARY L.CRANON BOARD MEMBER	1.00	X						0.	0.	0.
(13) JUDY HOULIOS BOARD MEMBER	1.00	X						0.	0.	0.
(14) KATHY JUDKINS BOARD MEMBER - PAST CHAIR	1.00	X		X				0.	0.	0.
(15) CARLA BUTTS BOARD MEMBER	1.00	X						0.	0.	0.
(16) CAROL JONES BOARD MEMBER	1.00	X						0.	0.	0.
(17) DAVID J. PIEKLIK BOARD MEMBER	1.00	X						0.	0.	0.

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**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBRA STANLEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) MARK VIANELLO BOARD MEMBER	1.00	X						0.	0.	0.
(20) SOLOMON SARWAY BOARD MEMBER	1.00	X						0.	0.	0.
(21) WILLIAM BURDA BOARD MEMBER	1.00	X						0.	0.	0.
(22) DON TAYLOR BOARD MEMBER	1.00	X						0.	0.	0.
(23) ALBERT JONES BOARD MEMBER	1.00	X						0.	0.	0.
(24) KELL JEMISON BOARD MEMBER	1.00	X						0.	0.	0.
(25) YOVANCHA LEWIS-BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(26) KIM BAXLEY BOARD MEMBER - VICE CHAIR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								217,977.	0.	116,109.
<b>d Total (add lines 1b and 1c)</b>								217,977.	0.	116,109.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
ECKERD YOUTH ALTERNATIVES 2703 14TH ST, OCALA, FL 34407	YOUTH TRAINING	1,028,966.

**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 1

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SCOTT OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(28) CHARLES HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(29) RACHEL RILEY BOARD MEMBER - CHAIR	1.00	X		X				0.	0.	0.
(30) THOMAS SKINNER CEO	40.00	X		X				121,662.	0.	19,794.
(31) KATHLEEN WOODRING COO	40.00	X		X				96,315.	0.	96,315.
(32) BRANDON WHITEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(33) BRUCE REGISTER BOARD MEMBER	1.00	X						0.	0.	0.
(34) JEFF CHANG BOARD MEMBER	1.00	X						0.	0.	0.
(35) TABITHA WELLS BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								217,977.		116,109.

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	6,470,273.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....				6,470,273.		
<b>Program Service Revenue</b>	<b>2 a</b> <b>PROGRAM INCOME</b> .....	<b>Business Code</b>	900099	158,712.	158,712.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....	900099					
	<b>g Total.</b> Add lines 2a-2f .....				158,712.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			709.	709.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b> .....			<b>Business Code</b>				
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....				6,629,694.	159,421.	0.	0.

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	898,325.	898,325.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	257,506.	193,136.	64,370.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,603,356.	1,958,411.	644,945.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,845.	116,855.	38,990.	
<b>9</b> Other employee benefits	364,556.	272,772.	91,784.	
<b>10</b> Payroll taxes	205,368.	153,986.	51,382.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	18,026.		18,026.	
<b>c</b> Accounting	16,762.		16,762.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	684.		684.	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	281,273.	246,366.	34,907.	
<b>17</b> Travel	69,542.	51,468.	18,074.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,260.	20,589.	5,671.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	32,455.	32,455.		
<b>23</b> Insurance	51,582.	13,802.	37,780.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBCONTRACT	704,845.	745,819.	-40,974.	
<b>b</b> OTHER	199,931.	199,931.		
<b>c</b> CONTRACT LABOR OTHER	185,688.	175,403.	10,285.	
<b>d</b> COMMUNICATIONS	128,211.	109,365.	18,846.	
<b>e</b> All other expenses SEE SCH O	383,297.	337,449.	45,848.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,583,512.	5,526,132.	1,057,380.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2017)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	563,666.	<b>1</b>	612,670.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	611,603.	<b>3</b>	957,710.
	<b>4</b> Accounts receivable, net .....	7,119.	<b>4</b>	6,688.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	470,271.		
	<b>b</b> Less: accumulated depreciation .....	465,039.	37,686.	5,232.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,015.	<b>15</b>	6,986.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,228,089.	<b>16</b>	1,589,286.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	495,592.	<b>17</b>	550,798.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	495,858.	<b>19</b>	755,667.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	991,450.	<b>26</b>	1,306,465.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	236,639.	<b>27</b>	282,821.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	236,639.	<b>33</b>	282,821.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	1,228,089.	<b>34</b>	1,589,286.

Form **990** (2017)

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

Form 990 (2017)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,629,694.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,583,512.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	46,182.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	236,639.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	282,821.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2017**

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 or 990-EZ).)
- 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 in 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		
<b>Total</b>						

## CITRUS, LEVY, MARION REGIONAL WORKFORCE

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT BOARD, INC.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7260275.	6962098.	6237600.	6518504.	6470273.	33448750.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7260275.	6962098.	6237600.	6518504.	6470273.	33448750.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						33448750.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	7260275.	6962098.	6237600.	6518504.	6470273.	33448750.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	454.	461.	530.	563.	709.	2,717.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				121,267.	158,712.	279,979.
<b>11 Total support.</b> Add lines 7 through 10						33731446.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	109,856.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.16 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	99.65 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

## CITRUS, LEVY, MARION REGIONAL WORKFORCE

Schedule A (Form 990 or 990-EZ) 2017 DEVELOPMENT BOARD, INC.

59-3409057 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



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

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

OMB No. 1545-0047

**2017****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) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

Name of organization <b>CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</b>	Employer identification number <b>59-3409057</b>
--	---

**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 ECONOMIC OPPORTUNITY  107 EAST MADISON STREET  TALLAHASSEE, FL 32025	\$ 6,349,359.	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	\$ 120,914.	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.)

Employer identification number

59-3409057

## Part II

[illegible]

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	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2017

## 2017.04000 CITRUS, LEVY, MARION REGION CLM 1

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

Schedule D (Form 990) 2017

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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**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) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Schedule D (Form 990) 2017**

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

Schedule D (Form 990) 2017

59-3409057 Page **4**

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

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

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	6,629,694.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	6,629,694.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	6,629,694.

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

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

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	6,583,512.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	6,583,512.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	6,583,512.

**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.

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization

Part I	General Information on Grants and Assistance
--------	--

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
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[illegible]

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

**3** Enter total number of other organizations listed in the line 1 table

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

59-3409057

Schedule I (Form 990) (2017)

Page 2

**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	182	457,281.	0.		
TRAINING SERVICES FOR PROGRAM PARTICIPANTS	543	441,044.	0.		

**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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
59-3409057

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

WAGNER PEYSER - THE EMPLOYMENT SERVICE CLUSTER FOCUSES ON PROVIDING A  
VARIETY OF EMPLOYMENT RELATED LABOR EXCHANGE SERVICES INCLUDING BUT NOT  
LIMITED TO JOB SEARCH ASSISTANCE, JOB REFERRAL, AND PLACEMENT  
ASSISTANCE FOR JOB SEEKERS, RE-EMPLOYMENT SERVICES TO UNEMPLOYMENT  
INSURANCE CLAIMANTS, AND RECRUITMENT SERVICES TO EMPLOYERS WITH JOB  
OPENINGS. SERVICES ARE DELIVERED IN ONE OF THREE MODES INCLUDING  
SELF-SERVICE, FACILITATED SELF-HELP SERVICES AND STAFF ASSISTED SERVICE  
DELIVERY APPROACHES. DEPENDING ON THE NEEDS OF THE LABOR MARKET OTHER  
SERVICES SUCH AS JOB SEEKER ASSESSMENT OF SKILL LEVELS, ABILITIES AND  
APTITUDES, CAREER GUIDANCE WHEN APPROPRIATE, JOB SEARCH WORKSHOPS AND  
REFERRAL TO TRAINING MAY BE AVAILABLE. OTHER PROGRAMS OF THE  
ORGANIZATION ARE VETERANS EMPLOYMENT PROGRAMS, UNEMPLOYMENT  
COMPENSATION AND REEMPLOYMENT SERVICES, TRADE ADJUSTMENT ASSISTANCE,  
YOUTHBUILD AND NATIONAL EMERGENCY EMPLOYMENT GRANTS.

EXPENSES \$ 745,296. INCLUDING GRANTS OF \$ 154,725. REVENUE \$ 159,421.

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

THE ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE ORGANIZATION'S

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TECH SUPPORT:

PROGRAM SERVICE EXPENSES	115,252.
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MANAGEMENT AND GENERAL EXPENSES	941.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	116,193.
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Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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## SUPPLIES:

PROGRAM SERVICE EXPENSES	53,175.
MANAGEMENT AND GENERAL EXPENSES	6,126.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,301.

## UTILITIES:

PROGRAM SERVICE EXPENSES	41,840.
MANAGEMENT AND GENERAL EXPENSES	6,606.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	48,446.

## VAN EXPENSES:

PROGRAM SERVICE EXPENSES	25,926.
MANAGEMENT AND GENERAL EXPENSES	4,092.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,018.

## SOFTWARE:

PROGRAM SERVICE EXPENSES	29,653.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,653.

## JANITORIAL:

PROGRAM SERVICE EXPENSES	21,425.
MANAGEMENT AND GENERAL EXPENSES	3,383.

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number	59-3409057
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 24,808.

NONCONSUMABLE SUPPLIES:

PROGRAM SERVICE EXPENSES 22,068.

MANAGEMENT AND GENERAL EXPENSES 792.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 22,860.

DUES AND MEMBERSHIPS:

PROGRAM SERVICE EXPENSES 8,307.

MANAGEMENT AND GENERAL EXPENSES 8,841.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 17,148.

PAYROLL SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 10,962.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 10,962.

STAFF TRAINING :

PROGRAM SERVICE EXPENSES 6,016.

MANAGEMENT AND GENERAL EXPENSES 835.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 6,851.

POSTAGE:

Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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PROGRAM SERVICE EXPENSES	2,539.
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MANAGEMENT AND GENERAL EXPENSES	627.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,166.
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DRUG AND BACKGROUND SCREENING:

PROGRAM SERVICE EXPENSES	2,980.
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MANAGEMENT AND GENERAL EXPENSES	58.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,038.
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ANNUAL RENEWAL:

PROGRAM SERVICE EXPENSES	2,432.
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MANAGEMENT AND GENERAL EXPENSES	138.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,570.
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STORAGE :

PROGRAM SERVICE EXPENSES	1,887.
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MANAGEMENT AND GENERAL EXPENSES	298.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,185.
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REAL ESTATE TAX:

PROGRAM SERVICE EXPENSES	1,721.
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MANAGEMENT AND GENERAL EXPENSES	272.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,993.
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Name of the organization	CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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## BANK CHARGES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,525.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,525.

## SECURITY :

PROGRAM SERVICE EXPENSES	1,239.
MANAGEMENT AND GENERAL EXPENSES	196.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,435.

## PEST CONTROL :

PROGRAM SERVICE EXPENSES	777.
MANAGEMENT AND GENERAL EXPENSES	123.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	900.

## MAINTENANCE:

PROGRAM SERVICE EXPENSES	212.
MANAGEMENT AND GENERAL EXPENSES	33.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	245.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	383,297.
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## FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT PROCESS AND THE SELECTION OF
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Employer identification number  
59-3409057

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 2019-2020 Work Plan

- Implement Business Refocusing Plan
    - Restructure Business Services Target Sector Teams
      - BDM, BDC and Recruiter
    - Engage Job Seeking Candidates in Resource Room
      - Better define services needed
      - Counsel on 180 Skills
    - Expand Communication Program
      - Board member, staff “Speakers Kit” with routinely updated info
      - Business Team marketing plans for 180 Skills
        - Move BDM into management and sales/marketing roles
          - Presenters at industry groups, etc.
      - Reshape Services into Adult, Youth and Professional divisions
    - Better Integrate Eckerd into the “CareerSourceCLM Youth Services”
      - Engage as part of Business Team specializing in Youth
    - Reinstitute a Job Order team
      - Tracks job order referrals
      - Time ages job orders
      - Works with Target Sector BDM on goals
  - Apprenticeship Development and Support
    - Successfully implement two CSF grants for Apprenticeships
    - Develop 180 Skills to support small scale apprenticeship projects
    - Pursue, where necessary, being apprenticeship program sponsor/facilitator
  - 180 Skills
    - Skill improvement tool for candidates lacking key job skills (Resource Room/Career Development Coach)
    - Levy County marketing with NCBDC
    - Citrus County marketing with CC Chamber
    - Integrate into Youth Services program
    - Use to support small apprenticeship programs
  - 2020 SOTW Conference
-

## EMPLOYMENT CONTRACT

This employment contract (hereinafter "Contract") is entered into the \_\_\_\_\_ day of \_\_\_\_\_, 2019 by and between the CITRUS LEVY MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC., a private, not for profit corporation within the State of Florida (hereinafter referred to as "CLMRWDB"), and THOMAS EDWARD SKINNER, JR. (hereinafter referred to as "SKINNER"), to serve as Chief Executive Officer.

1. Employment. CLMRWDB hereby employs SKINNER as Chief Executive Officer of CLMRWDB, to present recommendations to CLMRWDB and to follow its direction and Skinner hereby accepts said employment.

2. No Limitation on Duties. The above is intended to provide a general framework of professional requirements and not intended by either party to be a limiting description.

3. Compensation. CLMRWDB agrees to pay SKINNER a base salary of One Hundred Thirty Three Thousand Thirty Seven Dollars (\$133,037.00) per year, effective July 1, 2019, payable in bi-weekly installments. CLMRWDB shall be responsible for paying the employer's share of FICA and Medicare taxes and shall withhold from SKINNER the employee contribution for the above as well as an amount for federal income tax. CLMRWDB shall make payment of the above taxes on SKINNER'S behalf to the appropriate agencies. CLMRWDB shall provide worker's compensation insurance and pay unemployment insurance coverage for SKINNER.

4. Benefits. CLMRWDB agrees to provide SKINNER benefits and working conditions in accordance with CLMRWDB Personnel Policies, except for the following:

4.1 Life Insurance. Provided Skinner is able to qualify, CLMRWDB shall provide SKINNER with term life insurance in the amount of 2 times his annual salary, with his wife, Susan M. Skinner, named as primary beneficiary and his children, Bridget May Scrogam and Ian Edward Skinner, named as equal alternate beneficiaries.

4.2 Leave. SKINNER shall be authorized personal leave in accordance with CLMRWDB personnel policies. Leave taken in excess of ten (10) consecutive business days (excluding holidays) must be approved by the Executive Committee. All other leave provisions shall be in accordance with CLMRWDB Personnel Policies.

5. Expenses. CLMRWDB shall reimburse SKINNER for such expenses as he incurs as part of his duties while out of town in accordance with per diem rates and travel policies established by CLMRWDB for its employees.

6. Effective Date and Duration. This Contract shall be effective the 1<sup>st</sup> day of July, 2019, and shall be in effect until midnight June 30, 2020.

7. Modifications and Amendments. This Contract may be modified or amended from time to time by a writing signed by both parties.

8. Termination and Severance Pay. The parties agree that this Contract may be terminated by either party by giving thirty (30) days written notice. In the event the Contract is terminated by CLMRWDB for any reason other than for misconduct (as the term “misconduct” is hereinafter defined), SKINNER shall receive as severance pay Fifty One Thousand One Hundred Sixty Eight Dollars (\$51,168.00.) If SKINNER terminates this Contract, no severance pay shall be paid. The term “misconduct” as used herein: irrespective of whether the misconduct occurs at the workplace or during working hours, includes, but is not limited to, the following, which may not be construed in pari materia with each other:

- (a) Conduct demonstrating conscious disregard of CLMRWDB’s interests and found to be a deliberate violation or disregard of the reasonable standards of behavior which CLMRWDB expects of its employee.
- (b) Carelessness or negligence to a degree or recurrence that manifests culpability or wrongful intent, or shows an intentional and substantial disregard of CLMRWDB’s interests or of Skinner’s duties and obligations to CLMRWDB.
- (c) Chronic absenteeism or tardiness in deliberate violation of a known policy of CLMRWDB or one or more unapproved absences following a written reprimand or warning relating to more than one unapproved absence.
- (d) A willful and deliberate violation of a standard or regulation of the State of Florida by Skinner if, at any time, CLMRWDB is deemed to be an employer licensed or certified by the State of Florida, which violation would cause CLMRWDB to be sanctioned or have its license or certification suspended by the State of Florida.
- (d) Solicitation or acceptance of anything of value to Skinner, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that official action or judgment of Skinner would be influenced thereby.
- (e) Directly or indirectly purchasing, renting, or leasing any realty, goods, or services for CLMRWDB from any business entity of which Skinner or Skinner’s spouse or child is an officer, partner, director, or proprietor or in which such officer or employee or the officer’s or employee’s spouse or child, or any combination of them, has a material interest. Nor shall

Skinner acting in a private capacity, rent, lease, or sell any realty, goods, or services to CLMRWDB.

- (f) Accepting any compensation, payment, or thing of value when Skinner knows, or, with the exercise of reasonable care, should know, that it was given to influence a vote or other action in which Skinner was expected to participate in his official capacity.
- (g) Corruptly using or attempting to use Skinner's official position or any property or resource which may be within his trust, or perform his official duties, to secure a special privilege, benefit, or exemption for himself or others.
- (h) Having or holding any employment or contractual relationship with any business entity or any agency which is doing business with CLMRWDB, nor shall Skinner have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict between his private interests and the performance of his public duties or that would impede the full and faithful discharge of his public duties.
- (i) Disclosing or using information not available to members of the general public and gained by reason of Skinner's official position, except for information relating exclusively to governmental practices, for Skinner's personal gain or benefit or for the personal gain or benefit of any other person or business entity.
- (j) A violation of any of CLMRWDB's rules, unless Skinner can demonstrate that:
  - 1. He did not know, and could not reasonably know, of the rule's requirements;
  - 2. The rule is not lawful or not reasonably related to the job environment and performance; or
  - 3. The rule is not fairly or consistently enforced.
- (k) A good faith determination by CLMRWDB that SKINNER has committed a material breach of any covenant, provision, term, condition, or undertaking contained in this Contract;
- (l) Commission by SKINNER of a felony or a crime involving moral turpitude;
- (m) Commission by SKINNER of any act which exposes CLMRWDB or any officer of CLMRWDB to any criminal liability for such act; or
- (n) Any negligence or misconduct in the performance of SKINNER's duties that results in any detriment to CLMRWDB.

9. Outside Consulting. The parties recognize that SKINNER has special expertise in Workforce Development, which expertise is of value to the Workforce Development Community. The parties further understand that SKINNER's expertise is enhanced by exposure to problems encountered by others and by exposure to the problems encountered by allied and associated entities. Accordingly, subject to the requirements of Section 8 of this Agreement, the parties agree that SKINNER may accept consulting engagements from outside entities and accept compensation directly from the same. SKINNER agrees that such compensation shall not constitute salary and that he shall be solely responsible for making payment of all taxes on any income he receives as the result of consulting activities.

SKINNER agrees prior to accepting any consulting assignment he shall provide the CLMRWDB Executive Committee with a memorandum disclosing the entity seeking consulting services and with a description of the nature of the services to be provided and an estimate of the total time required to complete the engagement. If there is any objection from any Executive Committee member, SKINNER agrees to turn down the engagement. CLMRWDB shall not be liable for damages in the event of such an objection. SKINNER agrees he shall not provide consulting services to any entity which has a contract to provide services to CLMRWDB or which would otherwise constitute a conflict of interest under CLMRWDB's personnel policies. SKINNER further agrees that he shall take paid leave time for any consulting services provided during normal working hours (i.e., 8:00 a.m. to 5:00 p.m.) which services exceed one (1) hour in duration during normal working hours. SKINNER covenants and agrees that he shall not accept any consulting engagement which would interfere with his ability to successfully complete the duties assigned to him by the CLMRWDB Board.

10. Special Evaluation Criteria and Specific Goals. From time to time CLMRWDB may provide SKINNER with any special evaluation criteria or specific goals which CLMRWDB expects to be accomplished. CLMRWDB may consider SKINNER's performance in performing in accordance with such special evaluation criteria or in accomplishing such specific goals in evaluating his job performance.

11. Extension. This contract may be extended beyond the term indicated herein, under the same terms and conditions, by written agreement between the parties, provided that such an extension is for the purpose of finalizing future contractual terms. Such negotiations should begin no later than 60 days prior to the end of this Contract. The terms agreed upon during such an extension shall be retroactive to the date on which this contract was extended.

Dated:

**Citrus Levy Marion Regional Workforce  
Development Board, Inc.**

Witnesses as to CLMRWDB:

\_\_\_\_\_  
  
\_\_\_\_\_

By: \_\_\_\_\_  
Rachel Riley  
Chair

Witnesses as to Skinner:

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Thomas Edward Skinner, Jr.

# Special Projects

## Competitive Grants

YouthBuild

Bridge to Skilled Trades

Bridge to Skilled Trades II

Retail and Hospitality Academies

Apprenticeship Expansion – Marion County

Apprenticeship Expansion – Citrus County

Department of Corrections - Pending



# YouthBuild

- \$806,000.00
- 40 month duration
- Four cohorts
- Train 48 at-risk youth
- Build four homes in partnership with Habitat for Humanity
- High School Diploma
- Construction Plus
- HBI-PACT



# Cohort 1

- YB Cohort 1: (January 1, 2018 – June 30, 2018)
- Enrolled: 13
- Completed: 13
- # Receiving HS Diploma: 13
- # Receiving Additional Certs:
  - 13 HBI
  - 12 NRF
  - 13 Food Handling
  - 13 OSHA
  - 13 Forklift
  - 13 Warehouse Certifications Total
  - 77 Credentials total
- # Exited with Employment: 12 (1 in Marines)
- # Exited with Education: 2 enrolled in Post Secondary
- # Exited as Outcome: 1 due to incarceration.  
(excluded from performance)



# Cohort 2

- YB Cohort 2: (July 1, 2018 – December 30, 2018)
- Enrolled:12
- Completed: 10
- # Receiving HS Diploma:12
- # Receiving Additional Certs:
  - 10 HBI, 11 NRF1
  - 2 Food Handling
  - 12 OSHA
  - 12 Forklift
  - 12 Warehouse Certifications
  - 69 Credentials total.
- # Exited with Employment: 8,
- # Exited with Education: 0



# Cohort 3 (current)

- YB Cohort 3: (January 1, 2019 – June 30, 2019)
- Enrolled: 12
- Completed: N/A
- # Receiving HS Diploma: 6, 4 PENDING, 1 is a HS grad, 1 (working on re-engagement back into YB)
- # Receiving Additional Certs:
  - 12 OSHA
  - 12 Forklift
  - 11 Warehouse
  - 12 Food Handling
  - 7 NRF (more in progress)
- # Exited with Employment: N/A
- # Exited with Education: N/A



# Bridge to Skilled Trades

- \$1.0 mil
- 1.5 years (January 2018 – June 2019)
- 24 Drivers
- 48 Construction
- Adults, Dislocated Workers, Employed Workers
- Commercial Driving and Construction Core
- CDL-A Licensing and NCCER and OSHA



# Bridge to Skilled Trades

- 55 CDL-A Drivers
  - 31 Confirmed placements
  - Average wage of \$16.07
- 30 Construction (last class in June)
  - 18 Confirmed placements
  - Average wage of \$12.61



# Bridge to Skilled Trades II

- \$250K
- 1.5 years (January 2019 – June 2020)
- 30 Drivers
  - 5 Enrollments



# Retail and Hospitality Academies

- \$100K
- 1.5 years (January 2019 – June 2020)
- 48 Retail/Soft Skills
  - National Retail Federation
  - WIN Soft Skills
- 48 Hospitality (AHLEI Certification)
  - Customer Service Gold
  - Front Desk
- Adults, Dislocated Workers, Employed Workers



# Retail and Hospitality Academies

- Retail Academy
  - 37 Enrollments
  - 35 Received Certifications
- Hospitality Academy
  - 5 completed (6 enrolled for June 10 class)
  - 5 Certified FDR and 4 Certified Customer Service
    - 3 Were Employed Workers
    - 2 Were Unemployed
    - Both unemployed have gained employment!!!!



# Apprenticeship Expansion – Marion County

- \$100K
- 1.5 years (January 2019 – June 2020)
- Development and expansion of apprenticeship programs
- Adults, Dislocated Workers, Employed Workers
- Partnership with Marion Technical College
- Electrical, Plumbing, Construction, Masonry



# Apprenticeship Expansion – Citrus County

- \$50K
- 1.5 years (January 2019 – June 2020)
- Development and expansion of apprenticeship programs
- Adults, Dislocated Workers, Employed Workers
- Partnership with Withlacoochee Technical College
- Plumbing



# Department of Corrections (PENDING)

- On Site Services pre-release
- One on One coaching and support post-release
- Soft Skills
- 180 Skills online training
- National Retail Federation
- Supportive Services
- Reintegration On the Job Training



# Dale French

## Director of Operations

352-732-1700 ext. 2204

[dfrench@careersourceclm.com](mailto:dfrench@careersourceclm.com)