



Executive Committee
College of Central Florida
Enterprise Center, Suite 206
Ocala, FL

AGENDA

Wednesday, June 5, 2019 – 9:30 a.m.

(Revised 6/3/19)

<http://careersourceclm.adobeconnect.com/executive6-5-2019/>

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

Call to Order		R. Riley
Roll Call		C. Schnettler
Approval of Minutes, May 17, 2019	Page 2 - 3	R. Riley

ACTION ITEMS

Form 990	Pages 4 - 45	K. Woodring/S. Heller
2018/19 Budget to Expenditures	Pages 46 - 54	K. Woodring/S. Heller
2019/20 Budget	Pages 55 - 57	K. Woodring/S. Heller
CEO Contract and Staff Increases PY2019-2020	Page 58	R. Skinner
Joint Auditing Selection	Pages 59 - 60	D. French
Incumbent Worker Training – Policy Change	Page 61	D. French
CDS Renewal	Page 62	D. French
TPMA Renewal	Page 63	D. French
Grant Nursing Application	Page 64	D. French
Independent Monitoring Services RFP	Page 65	D. French
Automobile Usage	Pages 66 - 68	D. French
Eckerd Contract Renewal	Page 69	K. Woodring
Outreach Position	Pages 70 - 71	K. Woodring

DISCUSSION ITEMS

2019 - 2020 Plan of Services	Page 72	R. Skinner
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PROJECT UPDATES

Unrestricted Revenue Income - May 2019	Page 73	R. Skinner/B. Chrisman
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MATTERS FROM THE FLOOR

ADJOURNMENT

2018 – 2019 MEETING SCHEDULE						
Business and Economic Development	Performance/ Monitoring	Marketing/ Outreach	Career Center	Executive	Full Board	
All committee meetings are held at the CF Ocala Campus, Enterprise Center, Room 206						
Tuesday, 9:00 am	Tuesday, 9:00 am	Wednesday, 9:00 am	Thursday, 9:30 am	Wednesday, 9:30 am	Wednesday, 11:30 am	
8/14/18	8/21/18	8/15/18	8/23/18 (10:30 am)	8/29/18	9/12/18	CF Chiefland
11/6/18 (cancelled)	11/13/18	11/7/18	11/15/18	12/5/18	12/12/18	MTC Ocala
				1/31/19 (1 pm)		
2/19/19	2/26/19	2/20/19	2/21/19	3/6/19	3/13/19	CF Lecanto
4/30/19	5/7/19	5/8/19	5/2/19	6/5/19	6/12/19	CF Ocala

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



**CAREERSOURCE CITRUS LEVY MARION
Executive Committee**

MINUTES

DATE: May 17, 2019
PLACE: College Of Central Florida, Enterprise Center, Building 42, Ocala, FL
TIME: 2:00 p.m.

MEMBERS PRESENT

Albert Jones
Fred Morgan
Kathy Judkins
Rachel Riley
Ted Knight

MEMBERS ABSENT

Charles Harris
Kimberly Baxley
Pete Beasley

OTHER ATTENDEES

Kathleen Woodring, CSCLM
Brenda Chrisman, CSCLM
Dale French, CSCLM

Cira Schnettler, CSCLM
Robert Stermer, Attorney
Commissioner Jimmie T. Smith

CALL TO ORDER

The meeting was called to order by Rachel Riley, Chair, at 2:00 p.m.

ROLL CALL

Cira Schnettler called roll and a quorum was declared present.

APPROVAL OF MINUTES

Fred Morgan made a motion to approve the minutes from the March 6, 2019 meeting. Al Jones seconded the motion. Motion carried.

ACTION ITEMS

Healthcare Renewal Rates

Kathleen Woodring reviewed the current and proposed plans. She further explained the employer contributions and employee responsibility.

Fred Morgan made a motion to approve the healthcare renewal rates. Al Jones seconded the motion. Motion carried.

DISCUSSION ITEMS

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

Commissioner Smith took a moment to recognize and thank Rusty Skinner for attending the DJJ Circuit 5 advisory board meeting. The board will be working to support youth that eventually will be either be a part of the workforce or the judiciary system.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:08 p.m.

APPROVED:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Form 990 Return of Organization Exempt from Income Tax for program year 7/1/17-6/30/18.

BACKGROUND:

POINTS OF CONSIDERATION:

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

STAFF RECOMMENDATIONS:

Approve Form 990

COMMITTEE ACTION:

BOARD ACTION:

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

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 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.

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

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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13260501 142844 CLM

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)

OMB No. 1545-0047

2017Open to Public
Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION BRINGS TOGETHER CITIZENS, EMPLOYERS AND EDUCATIONAL PROVIDERS TO DEVELOP PROGRAMS TO 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 6,518,504. Current Year 6,470,273. 9 Program service revenue (Part VIII, line 2g) 121,267. 158,712. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 563. 709. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,640,334. 6,629,694.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 786,803. 898,325. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,601,084. 3,586,631. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,182,181. 2,098,556. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,570,068. 6,583,512. 19 Revenue less expenses. Subtract line 18 from line 12 70,266. 46,182.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 1,228,089. End of Year 1,589,286. 21 Total liabilities (Part X, line 26) 991,450. 1,306,465. 22 Net assets or fund balances. Subtract line 21 from line 20 236,639. 282,821.	

Part II Signature Block

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

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

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

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

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

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
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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.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								217,977.	0.	116,109.
d Total (add lines 1b and 1c)								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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,470,273.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f				6,470,273.		
Program Service Revenue	2 a PROGRAM INCOME	Business Code	900099	158,712.	158,712.		
	b						
	c						
	d						
	e						
	f All other program service revenue		900099				
	g Total. Add lines 2a-2f				158,712.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			709.	709.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. 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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	898,325.	898,325.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	257,506.	193,136.	64,370.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,603,356.	1,958,411.	644,945.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,845.	116,855.	38,990.	
9 Other employee benefits	364,556.	272,772.	91,784.	
10 Payroll taxes	205,368.	153,986.	51,382.	
11 Fees for services (non-employees):				
a Management				
b Legal	18,026.		18,026.	
c Accounting	16,762.		16,762.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	684.		684.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	281,273.	246,366.	34,907.	
17 Travel	69,542.	51,468.	18,074.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,260.	20,589.	5,671.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,455.	32,455.		
23 Insurance	51,582.	13,802.	37,780.	
24 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.)				
a SUBCONTRACT	704,845.	745,819.	-40,974.	
b OTHER	199,931.	199,931.		
c CONTRACT LABOR OTHER	185,688.	175,403.	10,285.	
d COMMUNICATIONS	128,211.	109,365.	18,846.	
e All other expenses SEE SCH O	383,297.	337,449.	45,848.	
25 Total functional expenses. Add lines 1 through 24e	6,583,512.	5,526,132.	1,057,380.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

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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 ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,629,694.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,583,512.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,182.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	236,639.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

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 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		
Total						

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.16 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.65 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	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
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e 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 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
**CITRUS, LEVY, MARION REGIONAL WORKFORCE
 DEVELOPMENT BOARD, INC.**

Employer identification number

59-3409057**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF 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

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

Name of organization

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

Employer identification number

59-3409057

Part III

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

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

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

Schedule D (Form 990) 2017

59-3409057 Page 2

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations ☐ ☐ ☐
(ii) related organizations ☐ ☐ ☐

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		470,271.	465,039.	5,232.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,232.

Schedule D (Form 990) 2017

**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)		
Total. (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)		
Total. (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)	
Total. (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)		
Total. (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

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

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

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

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

[illegible]

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

59-3409057

Page 2

Schedule I (Form 990) (2017)

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 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.

MANAGEMENT AND GENERAL EXPENSES 627.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,166.

DRUG AND BACKGROUND SCREENING:

PROGRAM SERVICE EXPENSES 2,980.

MANAGEMENT AND GENERAL EXPENSES 58.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,038.

ANNUAL RENEWAL:

PROGRAM SERVICE EXPENSES 2,432.

MANAGEMENT AND GENERAL EXPENSES 138.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,570.

STORAGE :

PROGRAM SERVICE EXPENSES 1,887.

MANAGEMENT AND GENERAL EXPENSES 298.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,185.

REAL ESTATE TAX:

PROGRAM SERVICE EXPENSES 1,721.

MANAGEMENT AND GENERAL EXPENSES 272.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,993.

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

Employer identification number
59-3409057

[illegible]



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Updated 2018-2019 Budget (attachment 1) and Budget/Expenditures reports (attachments 2 & 3) from 7/1/18-3/31/19

BACKGROUND:

POINTS OF CONSIDERATION:

- Budget: update revenue and expenditures (projected through 6/30/19).
- Budget/Expenditures reports: summaries for expenditures to budget line items cumulative through 3/31/19.

STAFF RECOMMENDATIONS:

Approve update budget and 3/31/19 budget/expenditures reports.

COMMITTEE ACTION:

BOARD ACTION:

ATTACHMENT 1								
BUDGET - CSCLM								
PY 2018(JULY 2018 - JUNE 2019)								
6/5/2019	ADULT	YOUTH	TAA	DISL. WORKER	Apprenticeship 1	Apprenticeship 2	SOFT SKILLS	SECTOR STRATEGIES
REVENUE								
P.Y. 2018 CONTRACTS	1,403,412	1,369,156	8,393	933,937	94,220	52,500	100,000	250,000
CARRYFORWARD	6,431	788,544	36	281,149	-	-	-	-
INCENTIVES	217,110	-	-	-	-	-	-	-
TRANSFER	368,000	-	-	(368,000)	-	-	-	-
TOTAL REVENUE	1,994,953	2,157,700	8,429	847,086	94,220	52,500	100,000	250,000
EXPENDITURES								
TOTAL ITA	31%							
TRAINING:								
ITA %	33%			29%				
ITA/TRAINING	172,000	-	2,000	17,000	-	-	-	30,000
OJT	106,000	-	-	-	-	-	-	-
EMPLOYED WORKER	15,000	-	-	922	-	-	-	-
INTERNSHIPS	40,000	-	-	-	-	-	-	-
ECKERD	-	-	-	-	-	-	-	-
TRAINING STAFF	242,000	-	-	203,000	-	-	-	-
TOTAL TRAINING	575,000	-	2,000	220,922	-	-	-	30,000
OPERATING:								
SUPPORTIVE SVS.	13,000	425,665	-	7,000	-	-	5,000	500
DIRECT CHARGE (STAFF)	3,600	-	-	37,000	-	-	11,000	-
ECKERD	15,000	763,213	-	10,000	-	-	-	-
DEO STAFF TRAVEL	-	-	-	-	-	-	-	-
OPERATING	-	2,000	-	-	-	-	-	100
TOTAL OPERATING	31,600	1,190,878	-	54,000	-	-	16,000	600
PROGRAM SUPPORT:								
FACILITIES	26,660	74,695	174	22,246	-	-	1,162	-
PROGRAM	64,757	120,341	-	28,016	-	-	-	-
INFORMATION TECHNOLOGY	14,969	27,818	-	6,476	-	-	-	-
OUTREACH	31,526	58,586	-	13,639	-	-	-	-
BUSINESS	274,053	-	-	108,066	-	-	-	-
SELF SERVICES	302,406	-	-	130,830	-	-	-	-
CAREER SERVICES	232,755	-	-	85,348	-	-	-	-
TOTAL PROGRAM SUPPORT	947,126	281,439	174	394,621	-	-	1,162	-
TOTAL EXPENDITURES	1,553,726	1,472,317	2,174	669,543	-	-	17,162	30,600
ADMIN POOL	180,815	26,341	242	76,423	-	-	1,930	3,649
GENERAL POOL	215,061	31,330	288	90,897	-	-	2,296	4,340
TOTAL INDIRECT COST RATE	395,876	57,672	530	167,320	-	-	4,226	7,988
BALANCE	45,352	627,711	5,725	10,224	94,220	52,500	78,612	211,412
INDIRECT RATE CALCULATION								
DIRECT TOTAL COSTS	1,553,726	1,472,317	2,174	669,543	-	-	17,162	30,600
LESS: LEASES	(12,255)	(34,336)	(80)	(10,226)	-	-	(534)	-
	(10,062)	(28,191)	(66)	(8,396)	-	-	(438)	-
SUBAWARD (ECKERDS)	(15,000)	(1,188,878)	-	(10,000)	-	-	-	-
TOTAL MTDC	1,516,409	220,912	2,028	640,921	-	-	16,189	30,600

ATTACHMENT 1												
BUDGET - CSCLM												
PY 2018(JULY 2018 - JUNE 2019)												
6/5/2019	RURAL INITIATIVES	VOC REHAB	WAGNER PEYSER	VETERAN DVOP	UC	WTP	SNAP	UNITED WAY	BRIDGE SKILLED	Hurricane Michael	Hurricane Maria	YOUTH BUILD
REVENUE												
P.Y. 2018 CONTRACTS	31,250	21,000	150,052	26,035	20,979	1,611,592	210,341	6,523	-	100,000	-	-
CARRYFORWARD	-	-	161,823	9,849	16,624	-	70,754	-	797,804	-	27,881	685,182
INCENTIVES	-	-	15,164	-	-	-	-	-	-	-	-	-
TRANSFER	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL REVENUE	31,250	21,000	327,039	35,884	37,603	1,611,592	281,095	6,523	797,804	100,000	27,881	685,182
EXPENDITURES												
TOTAL ITA												
TRAINING:												
ITA %												
ITA/TRAINING	-	-	-	-	-	-	-	-	146,000	-	-	-
OJT	-	-	-	-	-	-	-	-	-	-	-	-
EMPLOYED WORKER	-	-	-	-	-	-	-	-	-	-	-	-
INTERNSHIPS	-	-	-	-	-	-	-	-	-	-	-	-
ECKERD	-	-	-	-	-	-	-	-	-	-	-	-
TRAINING STAFF	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL TRAINING	-	-	-	-	-	-	-	-	146,000	-	-	-
OPERATING:												
SUPPORTIVE SVS.	-	-	-	-	-	49,634	-	-	-	-	-	157,850
DIRECT CHARGE (STAFF)	-	6,000	-	-	23,000	500,000	98,500	100	97,000	16,212	-	-
ECKERD	-	-	-	-	-	-	-	-	-	-	-	54,698
DEO STAFF TRAVEL	-	-	4,100	2,000	-	-	-	-	-	-	-	-
OPERATING	11,168	-	113,000	3,000	-	-	-	-	5,000	33,589	11,912	-
TOTAL OPERATING	11,168	6,000	117,100	5,000	23,000	549,634	98,500	100	102,000	49,801	11,912	212,548
PROGRAM SUPPORT:												
FACILITIES	-	755	56,283	15,857	3,717	58,083	12,081	-	14,056	4,414	-	5,576
PROGRAM	958	514	10,041	429	1,972	55,576	-	9	-	-	1,021	-
INFORMATION TECHNOLOGY	221	119	2,321	99	456	12,847	-	2	-	-	236	-
OUTREACH	466	250	4,888	209	960	22,944	4,112	4	-	-	497	-
BUSINESS	4,053	1,161	-	-	-	199,456	35,744	36	-	10,498	-	-
SELF SERVICES	4,472	1,281	-	-	-	220,091	39,443	40	-	-	4,770	-
CAREER SERVICES	3,442	986	-	-	-	169,399	30,358	31	-	15,349	3,671	-
TOTAL PROGRAM SUPPORT	13,612	5,067	73,533	16,593	7,106	738,396	121,738	122	14,056	30,261	10,196	5,576
TOTAL EXPENDITURES	24,780	11,067	190,633	21,593	30,106	1,288,030	220,238	222	262,056	80,062	22,108	218,124
ADMIN POOL	2,955	1,244	17,113	992	3,219	147,786	25,055	26	29,844	9,106	2,636	108
GENERAL POOL	3,514	1,480	20,354	1,180	3,828	175,776	29,800	31	35,497	10,831	3,135	129
TOTAL INDIRECT COST RATE	6,469	2,724	37,467	2,172	7,047	323,562	54,856	58	65,341	19,937	5,772	237
BALANCE	1	7,209	98,938	12,119	450	0	6,001	6,243	470,407	1	1	466,821
INDIRECT RATE CALCULATION												
DIRECT TOTAL COSTS	24,780	11,067	190,633	21,593	30,106	1,288,030	220,238	222	262,056	80,062	22,108	218,124
LESS: LEASES	-	(347)	(25,872)	(7,289)	(1,709)	(26,700)	(5,554)	-	(6,461)	(2,029)	-	(2,563)
SUBAWARD (ECKERDS)	-	(285)	(21,242)	(5,985)	(1,403)	(21,921)	(4,560)	-	(5,305)	(1,666)	-	(2,104)
TOTAL MTDC	24,780	10,435	143,519	8,320	26,994	1,239,409	210,125	222	250,290	76,367	22,108	908

ATTACHMENT 1						
BUDGET - CSCLM						
PY 2018(JULY 2018 - JUNE 2019)						
6/5/2019		GOV'T Challenge	RWB 6	REA	UN- RESTR	TOTAL
REVENUE						
P.Y. 2018 CONTRACTS	-	-	3,717	53,135	-	6,446,242
CARRYFORWARD	-	19,848		44,994	250,809	3,161,728
INCENTIVES	-	-	-	-	-	232,274
TRANSFER	-	-	-	-	-	-
TOTAL REVENUE	-	19,848	3,717	98,129	250,809	9,840,244
EXPENDITURES						
TOTAL ITA						
TRAINING:						
ITA %						
ITA/TRAINING	-	-	-	-	-	367,000
OJT	-	-	-	-	-	106,000
EMPLOYED WORKER	-	-	-	-	-	15,922
INTERNSHIPS	-	-	-	-	-	40,000
ECKERD	-	-	-	-	-	-
TRAINING STAFF	-	-	-	-	-	445,000
TOTAL TRAINING	-	-	-	-	-	973,922
OPERATING:						
SUPPORTIVE SVS.	-	-	-	-	-	658,649
DIRECT CHARGE (STAFF)	-	-	-	20,000	-	812,412
ECKERD	-	-	-	-	-	842,911
DEO STAFF TRAVEL	-	-	-	-	-	6,100
OPERATING	-	2,000	-	-	-	181,769
TOTAL OPERATING	-	2,000	-	20,000	-	2,501,841
PROGRAM SUPPORT:						
FACILITIES	-	-	3,717	5,402	-	304,879
PROGRAM	-	171	-	1,715	-	285,521
INFORMATION TECHNOLOGY	-	40	-	396	-	66,000
OUTREACH	-	83	-	835	-	139,000
BUSINESS	-	726	-	7,258	-	641,050
SELF SERVICES	-	801	-	8,009	-	712,142
CAREER SERVICES	-	616	-	6,164	-	548,119
TOTAL PROGRAM SUPPORT	-	2,438	3,717	29,778	-	2,696,711
TOTAL EXPENDITURES	-	4,438	3,717	49,778	-	6,172,474
ADMIN POOL	-	529	-	5,396	-	535,410
GENERAL POOL	-	629	-	6,418	-	636,815
TOTAL INDIRECT COST RATE	-	1,159	-	11,815	-	1,172,225
BALANCE	-	14,252	(0)	36,536	250,809	2,495,544
INDIRECT RATE CALCULATION						
DIRECT TOTAL COSTS	-	4,438	-	49,778	-	6,168,757
LESS: LEASES	-	-	-	(2,483)	-	(138,440)
	-	-	-	(2,039)	-	(113,662)
SUBAWARD (ECKERDS)	-	-	-	-	-	(1,426,426)
TOTAL MTDC	-	4,438	-	45,257	-	4,490,230

ATTACHMENT 2						
EXPENDITURES SUMMARY 7/1-3/31/19						
Fund	Contract	Budget	Expenditures	Balance	% Spent	% ITA
ADULT	ITA	199,000	113,223.65	85,776.35	57%	
	OJT	65,000	60,991.64	4,008.36	94%	
	Employed Worker	45,000	13,405.29	31,594.71	30%	
	Internship	24,500	25,132.94	(632.94)	103%	
	Training staff	176,473	181,051.51	(4,578.51)	103%	
	Eckerd	15,000	11,686.55	3,313.45	78%	
	Sup Svs./Operating	30,000	11,946.47	18,053.53	40%	
	Admin	212,852	132,672.34	80,179.66	62%	
	General	203,577	155,720.40	47,856.60	76%	
	Overhead	955,046	681,785.40	273,260.80	71%	
	Facilities	25,459	20,323.99	5,134.81	80%	
	Staff	23,000	2,671.77	20,328.23	12%	
	Unobligated	75,566	-	75,566.00	0%	
		2,050,473	1,410,612	639,861.05	69%	32%
DW	Training staff	162,898	152,147	10,750.73	93%	
	ITA	25,578	4,861.95	20,715.85	19%	
	OJT	10,000	0	10,000.00	0%	
	Internship	922	922.20	-	100%	
	Eckerd	10,000	6,747.03	3,252.97	67%	
	Sup Svs./Operating	7,000	5,854.29	1,145.71	84%	
	Staff	42,000	36,072.66	5,927.34	86%	
	Admin	79,442	45,361.72	34,080.28	57%	
	General	75,980	53,242.04	22,737.96	70%	
	Overhead	346,431	286,960.02	59,470.98	83%	
	Facilities	21,103	16,995.85	4,107.15	81%	
	Unobligated	82,685	0	82,685.00	0%	
		864,039	609,165.03	254,874	71%	29%
RURAL	OPERATING	11,165	-	11,165.00	0%	
	Admin	3,432	-	3,432.00	0%	
	General	3,282	-	3,282.00	0%	
	Overhead	13,371	-	13,371.00	0%	
		31,250	-	31,250	0%	
BRIDGE	Operating/SS	4,973	4,506.72	466.28	91%	
SKILLED	ITA/Training	520,500	104,125.68	416,374.32	20%	
	Staff	110,000	72,517.82	37,482.18	66%	
	Admin	89,166	22,045.35	67,120.65	25%	
	General	85,281	25,875.10	59,405.90	30%	
	Facilities	13,619	10,694.52	2,924.48	79%	
	Unobligated	11,789	-	11,789.00	0%	
		835,328	239,765.19	595,563	29%	
WP	Operating	166,200	112,281.92	53,918.08	68%	
	Admin	29,864	16,781.46	13,082.54	56%	
	General	28,563	19,696.76	8,866.24	69%	
	Overhead	31,337	14,873.62	16,463.38	47%	
	Facilities	60,058	42,955.57	17,102.43	72%	

ATTACHMENT 2						
EXPENDITURES SUMMARY 7/1-3/31/19						
Fund	Contract	Budget	Expenditures	Balance	% Spent	% ITA
	Staff Travel	7,000	3,058.78	3,941.22	44%	
	Unobligated	4,018	-	4,018.00	0%	
		327,040	209,648.11	117,392	64%	
SNAP	Admin	28,147	20,361.97	7,785.03	72%	
	General	26,921	23,899.28	3,021.72	89%	
	Overhead	102,152	90,170.09	11,981.91	88%	
	Facilities	11,779	9,185.75	2,593.25	78%	
	Staff	97,332	74,469.38	22,862.62	77%	
	Unobligated	14,765	-	14,765.00	0%	
		281,096	218,086.47	63,010	78%	
WTP	Sup. Svs. /Operating	109,359	28,477.63	80,881.37	26%	
	Admin	171,702	95,573.00	76,129.00	56%	
	General	164,220	112,176.11	52,043.89	68%	
	Overhead	670,964	438,350.48	232,613.52	65%	
	Facilities	56,500	44,331.21	12,168.79	78%	
	Staff	438,847	333,868.75	104,978.25	76%	
		1,611,592	1,052,777.18	558,815	65%	
Voc	Admin	2,479	1,174.33	1,304.67	47%	
Rehab	General	2,371	1,378.34	992.66	58%	
	Overhead	7,330	5,201.56	2,128.44	71%	
	Facilities	245	532.51	(287.51)	217%	
	Staff	10,359	4,293.18	6,065.82	41%	
	Unobligated	1,202	-	1,202.00	0%	
		23,986.00	12,579.92	11,406	52%	
UNITED	STAFF/Operating	414	57.99	356.01	14%	
WAY	Admin	127	12.35	114.65	10%	
	General	122	14.50	107.50	12%	
	Overhead	495	42.90	452.10	9%	
	Unobligated	5,088	-	5,088.00	0%	
		6,246.00	127.74	6,118	2%	
Hurricane	Operating	32,854	11,783.01	21,070.99	36%	
Maria	Admin	10,098	1,562.98	8,535.02	15%	
	General	9,658	1,834.50	7,823.50	19%	
	Overhead	39,347	12,700.48	26,646.52	32%	
	Unobligated	4,994	-	4,994.00	0%	
		96,951.00	27,880.97	69,070	29%	
Hurricane	Operating	32,589	32,589.42	-	100%	
Michael	Admin	21,107	21,107.24	-	100%	
	General	24,733	24,732.55	-	100%	
	Facilities	5,359	5,358.63	-	100%	
	Staff	16,212	16,212.16	-	100%	

ATTACHMENT 2						
EXPENDITURES SUMMARY 7/1-3/31/19						
Fund	Contract	Budget	Expenditures	Balance	% Spent	% ITA
		100,000.00	100,000.00	-	100%	
DVOP	Admin	1,655	982.95	672.05	59%	
	General	1,583	1,153.70	429.30	73%	
	Overhead	1,484	1,544.32	(60.32)	104%	
	Facilities	14,355	12,114.54	2,240.46	84%	
	DEO staff trv	1,500	1,824.51	(324.51)	122%	
	Operating	6,700	2,496.50	4,203.50	37%	
	Unobligated	288	-	288.00	0%	
		27,565.00	20,116.52	7,448	73%	
UC	Admin	4,254	2,978.23	1,275.77	70%	
	General	4,069	3,495.61	573.39	86%	
	Overhead	4,587	2,289.30	2,297.70	50%	
	Facilities	3,190	2,840.04	349.96	89%	
	Staff	25,351	21,524.54	3,826.46	85%	
	Unobligated	412	-	412.00	0%	
		41,863.00	33,127.72	8,735	79%	
Apprentic	Training	6,000	-	6,000.00	0%	
1	Sup. Svs.	1,000	-	1,000.00	0%	
	Staff	12,000	-	12,000.00	0%	
	Operating	100	-	100.00	0%	
	Admin	2,671	-	2,671.00	0%	
	General	2,555	-	2,555.00	0%	
	Unobligated	69,894	-	69,894.00	0%	
		94,220	-	94,220.00	0%	
Apprentic	Operating	10,100	-	10,100.00	0%	
2	Admin	1,413	-	1,413.00	0%	
	General	1,351	-	1,351.00	0%	
	Unobligated	39,636	-	39,636.00	0%	
		52,500	-	52,500	0%	
Soft Skills	Sup. Svs.	4,000	-	4,000.00	0%	
	Staff	16,000	-	16,000.00	0%	
	Operating	200	-	200.00	0%	
	Admin	2,871	-	2,871.00	0%	
	General	2,746	-	2,746.00	0%	
	Facilities	2,208	-	2,208.00	0%	
	Unobligated	71,975	-	71,975.00	0%	
		100,000.00	-	100,000	0%	
Sector	Training	40,000	6.00	39,994.00	0%	
Strategies	Sup. Svs.	1,000	240.00	760.00	24%	
	Staff	14,000	-	14,000.00	0%	
	Operating	100	-	100.00	0%	
	Admin	7,707	-	7,707.00	0%	

ATTACHMENT 2							
EXPENDITURES SUMMARY 7/1-3/31/19							
Fund	Contract	Budget	Expenditures	Balance	% Spent	% ITA	
	General	7,371	-	7,371.00	0%		
	Unobligated	168	-	168.00	0%		
		70,346.00	246.00	70,100	0%		
TAA	Training	6,911	1,614.74	5,296.26	23%		
	Admin	969	182.92	786.08	19%		
	General	927	214.70	712.30	23%		
	Facilities	123	133.13	(10.13)	108%		
		8,930.00	2,145.49	6,785	24%		
Governor	Admin	548	207.82	340.18	38%		
Challenge	General	525	243.93	281.07	46%		
	Overhead	3,000	1,697.10	1,302.90	57%		
	Operating	2,000	1,574.19	425.81	79%		
	Unobligated	13,775	-	13,775.00	0%		
		19,848	3,723.04	16,125	19%		
UNRESTR	Operating	250,803	37,364.01	213,438.99	15%		
RWB 6	Operating	3,742	-	3,742.00	0%		
YTH BLD	Eckerd	84,698	54,757.18	29,940.82	65%		
	Sup Svs.	157,850	109,748.53	48,101.47	70%		
	Admin	119	562.94	(443.94)	473%		
	General	114	169.42	(55.42)	149%		
	Facilities	5,705	4,260.06	1,444.94	75%		
	Unobligated	436,695	-	436,695.00	0%		
		685,181	169,498.13	515,683	25%		
							WEX
YTH	Eckerd	763,213	467,597.99	295,615.01	61%		184764.68
	Sup Svs.	425,665	166,926.54	258,738.46	39%		
	Operating	40,000	1,262.07	38,737.93	3%		
	Admin	44,469	11,320.15	33,148.85	25%		
	General	42,532	13,286.71	29,245.29	31%		
	Overhead	266,219	80,997.57	185,221.43	30%		
	Facilities	78,401	57,067.00	21,334.00	73%		
	Unobligated	497,200	-	497,200.00	0%		
		2,157,699	798,458.03	1,359,241	37%		23%
REA	Admin	8,415	4,102.89	4,312.11	49%		
	General	8,048	4,815.65	3,232.35	60%		
	Overhead	32,336	19,139.06	13,196.94	59%		
	Facilities	5,521	4,126.93	1,394.07	75%		
	Staff	27,000	13,629.34	13,370.66	50%		
	Unobligated	1,824	-	1,824.00	0%		
		83,144.00	45,813.87	37,330.13	55%		
TOTAL		9,823,842	4,991,135	4,832,707	51%	31%	

ATTACHMENT 3					
PY 2018					
7/1/2018-03/31/19					
	Budget	Expenditures	Balance	% Spent	50% Trng (exp.)
Direct charge staff	825,849	575,317.59	250,531.41	70%	
Supportive/Special Svs./Operating/DEO staff trv	459,043	362,872.15	459,043.40	0%	
50% ITA	797,989	118,085.60	679,902.90	15%	
OJT	75,000	60,991.64	14,008.36	81%	
Training staff	339,371	333,198.78	6,172.22	98%	
Internships	24,500	26,055.14	(1,555.14)	106%	
Employed worker	45,922	13,405.29	32,516.71	29%	
Eckerd contract	872,911	540,788.75	332,122.25	62%	
Eckerd participant	583,515	276,675.07	306,839.93	47%	
Carryforward	1,613,860	0	1,613,859.87	0%	
Overhead	2,790,975	1,866,671.63	924,303.82	67%	
Indirect Costs	<u>1,394,906</u>	<u>817,073.73</u>	<u>577,832.76</u>	<u>59%</u>	
Total Budget	9,823,842	4,991,135.37	5,195,578.49	51%	31%



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Draft budget for 2019-2020 program year.

BACKGROUND:

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

POINTS OF CONSIDERATION:

- Budget is based on actual allocations and projected carryforward.
- We will update this budget and bring back to the Executive Committee following final close out of 2018-2019.

STAFF RECOMMENDATIONS:

Approve 2019-2020 Budget.

COMMITTEE ACTION:

BOARD 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

CEO Review Committee – 5/16/19
Executive Committee – 6/5/19

TOPIC/ISSUE:

Discussion and recommendation for renewal of CEO contract for 2019 – 2020
Discussion and recommendation for staff increases for 2019 – 2020

BACKGROUND:

CEO Salary History			Staff Increases	
Year	Salary	Increase	Year	Increase
2008	\$ 100,942.40		2015 - 2016	0%
2009	\$ 100,942.40	No increase	2016 - 2017	5%
2010	\$ 106,995.20	6%	2017 - 2018	3%
2011	\$ 106,988.96	No increase	2018 - 2019	3%
2012	\$ 112,337.06	5%		
2013	\$ 112,337.06	No increase		
2014	\$ 116,499.97	4%		
2015	\$ 116,499.97	No increase		
2016	\$ 120,000.19	3%		
2017	\$ 123,600.26	3%		
2018	\$ 127,308.00	3%		

POINTS OF CONSIDERATION:

STAFF RECOMMENDATIONS:

COMMITTEE ACTION:

CEO Contract: Kathy Judkins made a motion to approve proposed 4.5% salary increase and the 2019 - 2020 CEO contract with the amendment of section 4.2 to align with the current CLM leave policy. Rachel Riley seconded. Motion carried.

Staff Increases: K Rachel Riley made a motion to approve proposed 4.5% salary increase for all staff. Kim Baxley seconded. Motion carried.

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Selection of a Joint Auditing accounting firm for LWDBs 6 and 10.

BACKGROUND:

On January 31, 2019, we released a request for proposals (RFP) to contract an accounting firm for our annually auditing requirements. Six responses were received. The respondents were Purvis Gray & Associates, CRI CPAs and Advisors, James Moore, CPA, MKA CPAs and Advisors, MSL CPAs and Advisors, and Powell and Jones.

POINTS OF CONSIDERATION:

Staff reviewed the proposals submitted by each of the respondents. The review was conducted by Kathleen Woodring, Susan Heller, Diane Head and Dale French. Purvis Gray and Associates, James Moore CPA and MSL CPAs and Advisors were the top rated firms. The following page is an aggregate of the scoring matrix used to determine the top rated firms.

All firms offer competitive services and meet the organizational needs as detailed in the released RFP. The fees of each of the top rated firms are as follows:

Purvis Gray & Associates:

Region 10 - \$19,000.00 annually locked for 5 years

Region 6 - \$15,750.00 annually locked for 5 years

James Moore, CPA

Region 10 - \$24,000.00 first year increasing \$700.00 per year for 5 years

Region 6 - \$20,000.00 first year increasing \$700.00 per year for 5 years

MSL CPA Advisors

Region 10 - \$17,400.00 first two years increasing to \$18,000.00 year three for duration

Region 6 - \$17,400.00 first two years increasing to \$18,000.00 year three for duration

STAFF RECOMMENDATIONS:

Staff recommend a thorough review of the top rated firms and request the committee to make a selection based on criteria detailed on the scoring matrix.

COMMITTEE ACTION:

BOARD ACTION:

CareerSource Citrus Levy Marion and CareerSource North Florida Joint Audit RFP Review

Criteria		Maximum Points	Reviewer Score					
			Purvis Gray & Associates	CRI CPAs and Advisors	James Moore, CPA	MKA CPAs and Advisors	MSL CPAs and Advisors	Powell and Jones
1	Number of people (by level) located within the local office tat will handle the audit	5	4.75	4.25	5	4.25	4.25	N/A
2	List of local office's current and prior government audit clients indicating the service performed and number of years	10	9.25	9.25	9.5	7.25	9.25	N/A
3	Experience in auditing similar entities	15	10.25	7	13.5	7.25	7	N/A
4	Organization, size and structure of the firm	5	5	4.75	4.75	4.25	4.5	N/A
5	Firm's participating in AICPA-sponsored comparable quality control programs	5	4.75	4.75	4.75	4.75	4.75	N/A
6	Firm understands how the work is to be performed and its ability to complete the work on time	5	4.75	4.5	4.5	4.5	4.5	N/A
7	Firm's experience in auditing Job Training Programs including: years, number of audits, and dollars audited	5	3.25	1.5	4.75	1.5	1.25	N/A
8	Governmental auditing experience of senior or higher staff to be assigned to the audit.	15	14	13.25	14.5	13.25	13.5	N/A
9	Overall supervision to be exercised over the the audit team by the firm's management	5	5	4.5	4.75	4.25	5	N/A
10	Relevant educational background of individuals to be assigned, including seminars and courses within the last three years.	5	4.25	4.5	4.75	4.75	4.75	N/A
11	Overall cost of proposed services.	25	23.75	9.75	16.25	21.25	20.25	N/A
Reviewers Total Score:		100	89	68	87	77.25	79	N/A

Reviewers Signature: Reviewer Aggregate Scoring

Date: _____



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Employed Worker/CBT policy - Addition of Incumbent Worker training

BACKGROUND:

CareerSource Citrus Levy Marion currently offers work based training to employees of local businesses through the Custom Business Training (CBT) program also called Employed Worker. CBT offsets the cost of training existing employees by providing reimbursement to the business for out of pocket expenses such as curriculum development, tuition and facility and materials costs.

All CBT enrolled individuals must meet income guidelines by making less than the hourly/annual baseline set by local policy (**OPS-68 Custom Business Training**). However, local **Incumbent Worker** training, as permitted under WIOA, differs from Employed Worker training in that wage guidelines are not an eligibility factor when a business requires the training to retain their workforce or avert layoff. All other eligibility criteria must be met for Incumbent Worker trainees (age, citizenship/right to work and compliance with Selective Service registration). Incumbent Worker training allows for the same levels and categories of cost reimbursements to assist businesses with training their employees.

POINTS OF CONSIDERATION:

Addition of Incumbent Worker training to our local policy will provide additional flexibility to our work-based training programs especially in times of economic downturn. Additionally, no more than 10% of WIOA funds may be used for Incumbent Worker training.

All other guidelines established in **OPS-68 Custom Business Training** are applicable to the development and execution of Incumbent Worker training agreements.

STAFF RECOMMENDATIONS:

Approve the addition of Incumbent Worker training availability to local policy **OPS-68**.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Approval of renewal of contract with Customer Driven Staffing (CDS).

BACKGROUND:

CDS is the contracted staffing agency that processes payroll activities for our Paid Internship and Work Experience agreements. The original agreement allows up to three renewals for a total service delivery of four program years. This will continue the payroll services for the Paid Internship and Work Activities that we provide in Citrus Levy and Marion counties for our next program year: July 1, 2019 – June 30, 2020.

POINTS OF CONSIDERATION:

The rate for processing the payroll is set at 22% of total payroll amounts.

STAFF RECOMMENDATIONS:

Approval of contract renewal with CDS.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Approval of renewal of contract with Thomas P. Miller & Associates (TPMA).

BACKGROUND:

TPMA is the contracted One Stop Operator as required under the Workforce Innovation and Opportunity Act. This will be the second renewal (third program year) of the original agreement. The agreement allows up to three renewals for a total service delivery of four program years. This will extend the agreement with TPMA to act as our One Stop Operator for our next program year: July 1, 2019 – June 30, 2020.

POINTS OF CONSIDERATION:

The budget for next program year will remain the same as PY 18-19. The total cost of services will remain at \$75,000.00.

STAFF RECOMMENDATIONS:

Approval of contract and budget with Thomas P. Miller & Associates

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Training Provider request for Grant Professional School of Nursing

BACKGROUND:

Grant Professional School of Nursing has submitted an application for initial provider eligibility for two programs they wish to add to our Area Targeted Occupation List (ATOL). The programs include:

- Associate Degree Nursing
- RN Remediation Course

POINTS OF CONSIDERATION:

Pursuant to local policy *OPS-28 Area Targeted Occupation List and Training Provider Selection* the approval of providers and programs will be based on several sets of criteria – primarily: All programs must operate a minimum of 12 months, must maintain acceptable performance thresholds for outcomes based on enrollments, completions and employment after training and must meet reporting requirements to the Florida Educational and Training Placement Information Program (FETPIP). This provider is licensed with the State of Florida, however, does not report performance data to FETPIP and the ADN course has been in operation less than one year. This provider does offer an RN Remediation class that does not require FETPIP reporting since it is considered a test preparation course.

STAFF RECOMMENDATIONS:

- Approve acceptance of Grant Professional School of Nursing as a training provider, and accept the RN Remediation course onto our area targeted occupation list beginning July 1, 2019
- Deny acceptance of the Associate Degree Nursing program based on lack of FETPIP reporting and an operating duration under 12 months.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Independent Monitoring Services RFP

BACKGROUND:

With recent developments in the CareerSource Tampa Bay and CareerSource Pinellas workforce areas we feel it is good business practice and pro-active to have a complete review of our internal processes and procedures conducted by an outside monitoring firm. This monitoring will include a review of our general business practices, organizational structure and authority, business services, service delivery and participant eligibility, support services administration and contracting and procurement. We will need to put forth a Request for Proposals (RFP) for competitive procurement of an outside monitoring firm to conduct these services. This firm will provide a full report of their review to the Executive Committee and Board. Our intent is to conduct ongoing reviews bi-annually and annually.

POINTS OF CONSIDERATION:

This RFP will solicit proposals for a new contractor to provide these additional services to our existing internal monitoring processes.

STAFF RECOMMENDATIONS:

Approve release of a Request for Proposals for Independent Monitoring Services.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Driving and insurance requirements policy.

BACKGROUND:

We have previously discussed the need for a formal driving and insurance requirement policy for CSCLM staff and contractors that regularly drive and are reimbursed mileage for conducting company business. A draft version was provided to the committees and board for a review. That draft was used to draft the final version.

POINTS OF CONSIDERATION:

The final version has been drafted and is pending implementation once approved.

STAFF RECOMMENDATIONS:

Approval of **ADM-24 Automobile Usage** policy for implementation July 1, 2019.

COMMITTEE ACTION:

BOARD ACTION:



Policies and Procedures

SECTION: Administration	POLICY #: ADM-24	PAGE 1 of 2
TITLE: Automobile Usage	EFFECTIVE DATE: July 1, 2019	
SUPERSEDES: N/A		DATED: N/A

DISTRIBUTION: CareerSource Citrus Levy Marion Staff (CSCLM), Department of Economic Opportunity, Board representation (when applicable), and Contracted staff that receive mileage reimbursements.

BACKGROUND: CareerSource Citrus Levy Marion reimburses staff members mileage incurred on their personal vehicle for all business that is conducted in correlation to their job duties. Mileage reimbursements may be made for travel to business locations, off-site meetings, training, etc. CSCLM is required to carry liability insurance on staff members driving for business reasons, therefore, it is imperative that due diligence is conducted to insure the best interests of the organization as well as the staff. This policy shall pertain to staff whose duties rely on regular travel in order to carry out their job functions.

PURPOSE: To outline the local documentation and reporting requirements to maintain effective liability coverage and to detail the actions to be taken by CSCLM in events that such coverage cannot be maintained.

POLICY:

1. All employees (CSCLM, DEO/OPS & Contracted Providers) that use their personal vehicle to conduct CSCLM business and are reimbursed for mileage must:
 - a. Maintain a valid driver's license for the State of Florida;
 - b. Carry personal automobile insurance in the amounts prescribed by state law;
 - c. File information about their personal automobile insurance, driver's license AND update that information with CSCLM administration within two (2) weeks of any changes;
 - d. Report any automobile accidents or moving violations citations, whether during work hours or on personal time, to CSCLM administration within one week of the occurrence;
 - e. Agree to CSCLM performing an annual driver's license and driving records check; and
 - f. Agree that they will not text or otherwise use their personal or company cellular phone while driving with the car in motion (unless done so through hands-free methods).
2. CSCLM agrees to reimburse any employee that uses their personal vehicle in accordance with the State of Florida's mileage reimbursement rate at the time of travel, provided the employee has complied with all of the terms listed in item one above.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by using TTY/TDD equipment via the Florida Relay Service at 711. If you need accommodations, call 1-800-434-5627, ext. 7878 or e-mail accommodations@careersourceclm.com three business days in advance. A proud member of America's Job Network.

3. The following driving infractions by the employee will cause CSCLM to conduct a driving record review, unless the annual review has occurred within the previous three month period:
 - a. Driving under the influence of alcohol or drugs;
 - b. Vehicular accident that results in the death of any individual;
 - c. Speeding in excess of 20 mile per hour over the posted speed limit;
 - d. More than one (1) accident where the employee is at fault occurring in the previous 3 month period.
4. Any employee driving a Company vehicle or driving on Company business must observe all safety, traffic, and criminal laws of this state. No driver may consume alcohol or illegal drugs while driving a Company vehicle, while on Company business, or prior to the employee's shift if such consumption would result in a detectable amount of alcohol or illegal drugs being present.
5. Anything a driver does in connection with the operation of motor vehicles can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, you must report details of an accident or infraction that occurs on- or off-duty. Any employee who receives a traffic citation, is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform their immediate supervisor about the incident immediately or as soon as possible thereafter. Any penalty, fine, imprisonment, fee, or other adverse action imposed by a court in connection with such an incident must be reported immediately to an appropriate supervisor. The Supervisor will report the matter to Human Resources (HR).
6. Any employee who violates any part of this policy, or who becomes uninsurable as a driver, will be subject to disciplinary action, up to and possibly including termination from employment.
7. All employees with driving duties must sign the following agreement:
 - a. **I have read and understand the Company's Automobile Usage Policy. I agree, in the event that I am ever found to be uninsurable, I lack a clean driving record or a valid and current driver's license, that disciplinary action up to termination of my employment may occur.**

Employee Printed Name

Employee Signed Name

Date

OFFICIAL SIGNATURE

Thomas E. Skinner, Jr.
Chief Executive Officer

EVP Coord:

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RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Approval of contract renewal for Youth Services with Eckerd Connects and next program year budget. This contract also serves Adult and Dislocated Workers in Levy County.

BACKGROUND:

This will be the second renewal (third program year) of the original agreement. The agreement allows up to three renewals for a total service delivery of four program years. This renewal will continue the young adult services that we provide in Citrus Levy and Marion Counties and Adult and Dislocated Worker services in Levy County for our next fiscal year, July 1, 2019 – June 30, 2020. Eckerd has met all performance benchmarks for this program year.

POINTS OF CONSIDERATION:

Budget figures are:

Operating Costs: \$774,571
Participant Costs: \$423,576
Total: \$1,198,147

STAFF RECOMMENDATIONS:

Approval of contract renewal and budget with Eckerd Connects.

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee – 6/5/19

TOPIC/ISSUE:

Approval to advertise and fill a part time outreach position.

BACKGROUND:

We have looked at the current responsibilities and areas of work involved in an on-going basis with outreach and specifically social media. It would be very helpful at this point in time to add some more depth to our outreach department.

POINTS OF CONSIDERATION:

Currently we only have one staff person, our communications manager, who is dedicated to outreach and social media efforts for our organization. The attached table shows how certain areas could be moved to a part time staff and how this could help to expand and increase our outreach capacity.

We have researched comparable positions throughout our network and with local organizations and have determined that a pay scale equal to the same level as a business development coordinator would be appropriate for level of education and skills necessary for this position.

STAFF RECOMMENDATIONS:

Staff recommends hiring a Part Time Outreach Coordinator at Pay Grade 107, range is 36,850 – 57,120 for full time. Hourly rate requested is \$18.00 per hour for an average of 20 hours per week.

COMMITTEE ACTION:

BOARD ACTION:

A Communications Manager Items I Need to Continue	B Tasks PT Staff/Assistant(s) with some training/supervision could accomplish	C Items I'd Like to Move to Column A
Media Relations (news releases, story pitches and response to requests for information)	Develop/review routine collateral materials (typically hiring event fliers, signage, posters)	Create "CareerSource In A Box" speakers bureau kit, develop public speaking program for staff and ambassadors (i.e. board members), lead training
Manage Communications Strategy – Paid, Earned, Shared and Owned media (PESO)	Website updates/postings	Reprise Social Media Team to coordinate budget (schedule of posts), gauge effectiveness
Work with/support Leadership, respond to requests	Regular review/update of Media Contacts	Amp Up Brand Storytelling*
When appropriate, act as official spokesperson	Design some of the artwork to go with social posts	More frequent Media one-on-one visits
Website Management	Coordinated posting to selected social media	More frequent center visits
Social Media Management	Assistance with event coverage, i.e. Live Facebook	Complete Crisis Communications Plan/conduct training in coordination with staff
Project Management (i.e. Marketing Co-op program, videos program)	Assist with Communications Audit	Produce variety of videos in-house
Brand Storytelling*	Assist in monitoring media coverage	Communications Audit
Negotiate contracts, review bills for accuracy	Develop certain news releases/serve as backup	Develop engaging Orientation and Content Webinars for candidates, staff and board
Collaborate with CS Areas to optimize regional/statewide efforts		Help bring Added Value to Board meetings/service
Manage Paid Media Design and Placement		
Design Higher-level collateral materials		
Monitor Analytics/Prepare Committee Reports		
Represent CSCLM at public/business events		
Represent/protect our interests and brand integrity		
Manage outside communications resources		



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
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Unrestricted Revenue Received Summary

Revenue Stream	2016/2017	2017/2018	2018/2019 YTD – April	Summary
TTW - Ticket to Work: Social Security	\$97,142	\$122,353	\$59,782	\$279,277
CCIR - Career Counseling Information Referral: Vocational Rehab.	\$15,800	\$33,000	\$36,100	\$84,900
TFF – Tobacco Free Florida: Dept. of Health	\$2,325	\$3,075	\$2,288	\$7,688
Partnership Plus: Vocational Rehab.	\$1,000	\$1,000	\$1,000	\$3,000
STAR – Pre-Employment Services: Vocational Rehab.	n/a	New	n/a	n/a
FL Ready to Work Certifications	n/a	n/a	\$540	\$540
TOTAL	\$116,267	\$159,428	\$99,710	\$375,405