



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

Executive Committee Meeting

Wednesday, May 29, 2024 – 9:30 a.m.

Join Zoom Meeting: <https://us02web.zoom.us/j/86016134862>

Phone No: 1-646-558-8656 (EST) Meeting ID: 860 1613 4862

Call to Order		B. Whiteman
Roll Call		C. Schnettler
Approval of Minutes, May 23, 2024	Pages 2 - 4	B. Whiteman

DISCUSSION ITEMS

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

PUBLIC COMMENT

ACTION ITEMS

Dwyer MOU	Pages 5 - 12	D. French
Workforce Champion	Page 13	D. French
Schedule of Operations	Pages 14 - 16	D. French
990	Pages 17 - 56	D. French
Pay Grades	Pages 57 - 58	D. French
Preliminary Budget	Pages 59 - 63	D. French
Administrative Staff Assistant	Page 64	C. Weaver

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

ADJOURNMENT

2023 – 2024 MEETING SCHEDULE						
Performance/ Monitoring	Business and Economic Development	Career Center	Marketing/ Outreach	Executive	Full Board	
Tuesday, 9:00 am	Wednesday, 9:00 am	Thursday, 9:30 am	Wednesday, 9:00 am	Wednesday, 9:30 am	Wednesday, 11:30 am	
8/15/2023	8/16/2023	8/24/2023	8/30/2023	9/13/2023	9/27/2023	CF Levy
11/7/2023	11/8/2023	11/16/2023	11/15/2023	12/6/2023	12/13/2023	CF Ocala
2/6/2024	2/7/2024	2/15/2024	2/21/2024	2/28/2024	3/20/2024	CF Lecanto
5/7/2024	5/8/2024	5/16/2024	5/22/2024	5/29/2024	6/5/2024	CF Ocala

OUR VISION STATEMENT

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



**CAREERSOURCE CITRUS LEVY MARION
Executive Committee**

MINUTES

DATE: May 23, 2024
PLACE: 2703 NE 14th Street, Ocala, FL 34470
TIME: 9:00 a.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Kimberly Baxley

OTHER ATTENDEES

Rusty Skinner, CSCLM
Dale French, CSCLM
Iris Pozo, CSCLM

Cira Schnettler, CSCLM

CALL TO ORDER

The meeting was called to order by Brandon Whiteman, Chair, at 9:00 a.m.

ROLL CALL

Cira Schnettler called roll and a quorum was declared present.

APPROVAL OF MINUTES

Pete Beasley made a motion to approve the minutes from the March 29, 2024, meeting. Charles Harris seconded the motion. Motion carried.

DISCUSSION ITEM

State Update

Rusty Skinner will provide the State update at the next regular executive meeting

Workforce Issues Important to Our Community

No items were presented.

PUBLIC COMMENT

None

ACTION ITEMS

Staff Increases

Dale French presented the recommendation for staff compensation increases. Carl Flanagan made a motion to approve the increase for all non-contracted hourly and salaried staff at a rate of 5%. Charles Harris seconded the motion. Motion carried.

Ancillary Benefits

Dale French explained that there would be significant savings in the health care benefit renewal by transferring ancillary benefits to Florida Blue/US Able Life. Pete Beasley approved the transfer of ancillary benefits. Jeff Chang seconded the motion. Motion carried.

Benefits Renewal

Dale French reviewed the healthcare plan options and associated costs for the organization and the employee responsibility. The action sheet lists the employee contribution for bullets 3, 4 and 5. It was noted that the contribution should be bi-weekly instead of monthly as stated. A revised Action Sheet will be attached to these minutes. Fred Morgan approved the healthcare plan renewal. Pete Beasley seconded the motion. Motion carried.

PROJECT UPDATES

None

MATTERS FROM THE FLOOR

None

ADJOURNMENT

There being no further business, the meeting was adjourned at 9:25 a.m.

APPROVED: _____



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 23, 2024**

TOPIC/ISSUE:

Annual benefits renewal.

BACKGROUND:

The annual health insurance renewal is July 1, 2024. Renewal rates were received through Two-Twelve Benefits.

Florida Blue presented rates that average a 4.5% increase in comparison with PY23. The base contribution toward each employee's benefits will be increased from \$590.70 to \$620.17. This is approximately 5% increase in the employer funded part.

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

POINTS OF CONSIDERATION:

- In an effort to save cost this year Two-Twelve offered to bundle our Ancillary plans with Florida Blue & Florida Combined Life / USABLE.
- Moving the lines of coverage to FB and the impact of medical rates more than make up for the small increase in Ancillary lines of coverage. The initial increase was a 14.5% average increase over total premium.
- We will keep the same five Florida Blue health plans from last year.

STAFF RECOMMENDATIONS:

Our recommendation is that we contract with Florida Blue for the five (5) options listed below for program year 24-25:

1. 128/129 HSA –The monthly company share of the premium will be \$620.17. This plan will be used as the baseline employer contribution amount for the remaining plans. This plan will be offered at \$0.00 cost to the employee.
2. Blue Options 5302 – a PPO plan with a monthly rate of \$603.72. This plan will be offered at \$0.00 cost to the employee.
3. Blue Care 3566 – an PPO plan. We recommend the company pay the baseline amount of \$620.17. Biweekly employee contribution will be \$46.57.
4. Blue Care 47 – an HMO plan. We recommend the company pay the baseline amount of \$620.17. Biweekly employee contribution will be \$74.77.
5. Blue Options 60 – a HMO plan. We recommend the company pay the baseline amount of \$620.17. Biweekly employee contribution will be \$110.61.

COMMITTEE ACTION:

Fred Morgan approved the healthcare plan renewal. Pete Beasley seconded the motion. Motion carried.

BOARD ACTION:



RECORD OF ACTION/APPROVAL

Executive Committee Wednesday, May 29, 2024

TOPIC/ISSUE:

Dwyer Workforce Development Memorandum of Understanding (MOU)

BACKGROUND:

We have met with Dwyer Workforce Development to discuss how we can partner to better serve our Welfare Transition (WT) population.

POINTS OF CONSIDERATION:

Dwyer Workforce Development is offering to provide additional case management and supportive services to our WT customers. Dwyer staff will integrate into our 14th Street office and will work in tandem with our WT staff to provide full wrap-around services to promote further training and job skills development.

STAFF RECOMMENDATIONS:

Approve engagement with Dwyer Workforce Services through an executed MOU.

COMMITTEE ACTION:

BOARD ACTION:

MEMORANDUM OF UNDERSTANDING

between

**CITRUS LEVY MARION WORKFORCE DEVELOPMENT BOARD, INC.
d/b/a CareerSource Citrus Levy Marion**

and

DWYER WORKFORCE DEVELOPMENT

This Memorandum of Understanding (this “MOU”) is made and entered into by and between **Citrus Levy Marion Workforce Development Board, Inc., d/b/a CareerSource Citrus Levy Marion (“CSCLM”)** located at 3003 SW College Rd, Suite 205, Ocala, FL 34474, and **Jack and Nancy Dwyer Workforce Development Inc. (“DWD”)**, located at 1422 Clarkview Road, Baltimore, MD 21209, each referred to as a “Party” and collectively referred to herein as the “Parties.”

In consideration of the mutual covenants and promises set forth herein, the Parties agree to as follows:

1. PURPOSE OF MOU

The Parties have agreed to enter into this Memorandum of Understanding to formalize the partnership between CSCLM and DWD to develop and implement a program (the “Program”) designed to build a talent pipeline for participants (“Dwyer Scholars”) in Certified Nursing Assistant (CNA) training (“training”) for the Citrus, Levy, Marion workforce area.

2. TERM

The Parties hereto agree that each of them may execute this MOU on different dates, but hereby acknowledge that this MOU shall begin on July 1, 2024 and end on June 30, 2025 unless earlier terminated as provided in *Section 7. Termination* below. Parties shall provide written notice of its intent to renew an option period prior to the expiration of this MOU.

3. SCOPE OF SERVICES

A. RESPONSIBILITIES OF JACK AND NANCY DWYER WORKFORCE DEVELOPMENT INC.

DWD agrees to:

- I. Develop and distribute one (1) press release to announce the partnership and work to garner press attention and interest as opportunities arise throughout the partnership timeframe.
- II. Develop marketing collateral, in partnership with CSCLM for the purpose of recruiting skilled nursing facilities for placement of Dwyer Scholars post-training.
- III. Conduct outreach initiatives through social media, flyer distribution and other means to recruit skilled nursing facilities for placement purposes.
- IV. Foster relationships with training providers offering CNA training in Citrus, Levy, and Marion counties to build training options for Dwyer Scholars.
- V. Establish relationships with skilled nursing facilities within Citrus, Levy, and Marion counties to solidify placements for Dwyer Scholars.
- VI. Facilitate the placement process of all CSCLM eligible Dwyer Scholars at the completion of their training with an established training provider.
- VII. Provide up to two (2) DWD staff full-time in the [career center name] to work with CSCLM Career Advisors in a dual case management function, to foster a wrap-around services environment and to conduct community engagement for Florida
 - a. DWD will provide staff with computers and supplies.
 - b. DWD staff shall only work onsite during CSCLM’s normal operating hours (Monday – Friday 8:00 am – 5:00 pm)
 - c. DWD will provide CareerSource Citrus Levy Marion with background screening documentation for DWD staff with a copy, or written notification, of DWD staff’s level 2 background check results.
- VIII. Provide mentoring to Dwyer Scholars through Dwyer case managers, Dwyer Scholar App and the skilled nursing facility provider.

- IX. Provide, at a minimum, \$10,000 in supportive services to CareerSource Citrus Levy Marion's eligible Dwyer Scholars in lieu of rental fees for Dwyer staff at the 14 Street career center.
- X. Provide CSCLM with a data sharing agreement for all Dwyer Scholars.
- XI. Provide monthly follow-up, in conjunction with CSCLM to Dwyer Scholars to monitor each scholar's progress, assist with any barriers and to encourage successful training and employment completion.
- XII. Co-manage digital exchange of pertinent information through a mutually agreed upon electronic platform in partnership with CSCLM Pertinent information includes scholar progress, certification obtainment, employment/placement information, program completion and any potential barriers to completion.
- XIII. Provide long-term case management to Dwyer Scholars for up to two (2) years.
- XIV. As opportunities arise, partner with CSCLM to pursue additional grant opportunities.

B. RESPONSIBILITIES OF CareerSource Citrus Levy Marion

CSCLM agrees to:

- I. Develop and distribute one (1) press release to announce the partnership and work to garner press attention and interest as opportunities arise throughout the partnership.
- II. Develop marketing collateral, in partnership with DWD, for the purpose of recruiting prospective students for the program.
- III. Conduct outreach initiatives through social media, flyer distribution, community partners and other means with a special emphasis on targeting low-income individuals, persons of color, ex-offenders and those with barriers to employment.
- IV. Conduct outreach to community-based partners.
- V. Facilitate relationships between DWD and skilled nursing facilities within Citrus, Levy, and Marion counties to establish placements for Dwyer Scholars.
- VI. Facilitate relationships between DWD and training providers offering CNA training in Citrus, Levy, and Marion counties
- VII. Handle payment process to training providers for Dwyer Scholars' Scholarships.
- VIII. Dedicate two (2) workspaces and a lockable closet/space within the [career center name] for DWD Service Navigators to be housed full-time at no-cost to DWD. Workspaces will include desk, chair, access to the Internet, office storage and supplies.
- IX. Provide a set-aside allocation of up to \$100,000 in formula funding to train 50-70 Workforce Innovation & Opportunity (WIOA) eligible and TANF eligible students in Certified Nursing Assistant (CNA) training. Funds will be directly allocated to the CSCLM/DWD partnership.
- X. Provide Career Advisors to conduct pre-screening, eligibility, and enrollment into WIOA.
- XI. For eligible participants, provide case management/career services including training scholarships and support services.
- XII. Ensure eligible participants complete the Data Sharing Agreement between CSCLM and DWD.
- XIII. Provide monthly follow-up with participants, in conjunction with DWD, to Dwyer Scholars to monitor each scholar's progress, assist with any barriers and to encourage successful training and employment completion.
- XIV. Co-manage digital exchange of pertinent information through an a mutually agreed upon electronic platform in partnership with DWD. Pertinent information includes scholar progress, certification obtainment, employment/placement information, program completion and any potential barriers to completion.
- XV. Provide post-employment follow up services to Dwyer Scholars for up to one (1) year.

4. RELATIONSHIP POINTS OF CONTACT

The primary point of contact for routine administration of this MOU are listed below. Either Party may designate a substitute point of contact by providing written notice to the other Party of the change. Points of contact are distinct from the MOU points for Legal Notices set forth hereinafter.

For CareerSource Citrus Levy Marion
 Rusty Skinner
 CEO
 (352) 873-7939
 Rskinner@careersourceclm.com

For Dwyer Workforce Development:
 Barb Clapp
 President and CEO
 (410) 513-8740
bclapp@dwyerworkforcedev.org

5. AMENDMENTS AND MODIFICATIONS

This MOU may be amended or modified only upon prior written agreement of the Parties. Amendments or modifications should be dated and signed by the authorized representatives of the Parties.

6. INDEMNIFICATION AND INSURANCE COVERAGE

To the extent permitted by law, each Party (the "Indemnitor") agrees to indemnify, defend and hold harmless the other Party, its clients, affiliates, successors and assigns and each of their respective officers, directors, employees, agents and servants (collectively, the "Indemnitees") from and against all damages, liabilities, penalties, fines, losses, costs and expenses including reasonable attorneys' fees arising from or relating to any third-party claim or allegation (collectively "Claims") relating to: (a) the negligence or willful misconduct of the Indemnitor, or any of Indemnitor's subcontractors, employees, or representatives; (b) the breach of any term, covenant, or obligation contained in this Agreement by the Indemnitor, its subcontractors, employees or representatives; (c) bodily injury, death or damage to tangible property sustained as a result of the acts or omissions of the Indemnitor, its subcontractors, employees or representatives, and (d) the non-payment or late payment of taxes or other charges for which the Indemnitor is responsible or failed to pay in a timely manner. Notwithstanding the foregoing, an Indemnitor's obligation to indemnify an Indemnitee, shall be limited to the same extent that the Indemnitee's obligations may be prohibited by law, if the circumstances giving rise to the indemnification obligation were such that the Indemnitee were obligated to be the Indemnitor hereunder.

The Parties shall maintain insurance coverage, at such Party's own expense, that is customary and adequate to address such Party's risks and responsibilities hereunder. The Parties shall maintain an insurance policy covering claims for bodily injury, death, personal injury, or property damage occurring or arising out of the use or occupancy of the premises, including coverage for independent contractor's protection (required if any work will be subcontracted), premises-operations, products and/or completed operations and contractual liability. The limits of insurance shall not be less than one million dollars (\$1,000,000) each occurrence and three million dollars (\$2,000,000) general aggregate limit. Each Party shall furnish a certificate of insurance evidencing such insurance coverage upon request of the other Party.

7. TERMINATION

Either Party may terminate this MOU for such Party's convenience in whole or in part by giving 90 calendar days advance written notice to the other Party; provided however, any student enrollment in classes which is then in effect shall continue with respect to that Scholar until such classes are complete.

Either Party may terminate this MOU upon 5 days' prior written notice in the event of a material breach of this MOU, unless such material breach is remedied within such five (5) day period, provided the same is capable of being remedied within five (5) days, or else, within a reasonable time thereafter, as the parties may reasonably agree.

In the event a Party (i) becomes insolvent or is believed to be unable to perform hereunder, (ii) breaches or defaults hereunder and such breach or default is not able to be cured, or (iii) in the event such Party does not cure a material breach or default hereunder which is capable of cure as provided in this Article IX, the non-defaulting Party shall have the right to terminate this MOU upon one (1) business days prior written notice.

8. DISPUTE RESOLUTION

Each party shall provide written notice to the other party of any dispute regarding this MOU or the services it is intended to provide. The receiving party must in turn respond in writing no later than ten (10) days from the date of receipt. If the parties are unable to resolve the dispute using this method, mediation would then be required.

9. REPRESENTATION AND WARRANTIES

Each Party represents and warrants to the other Party that:

Such Party is duly organized, validly existing, has full and adequate power to own its property and conduct its business as now conducted, is in good standing and duly licensed, and has procured all necessary licenses, registrations, approvals, consent and any other communications in each jurisdiction as required to enable each Party to perform its obligations under this Agreement.

The execution, delivery and performance of this Agreement by such Party and the performance by such Party of the transactions contemplated in this Agreement have been duly and validly authorized by all necessary action, corporate or otherwise, on its part, and this Agreement constitutes the valid, legal and binding obligation of such Party;

Such Party is not and will not be subject to any agreement or other constraint that does, would, or with the passage of time would, prohibit or restrict such Party's right or ability to enter into, or carry out, its obligations hereunder;

Each Party has the qualifications and the ability to perform hereunder in a professional manner without the advice, control, or supervision of the other Party.

Each Party possesses all the Intellectual Property Rights necessary for such Party's performance hereunder and such Party's performance or creation of any materials hereunder do or shall infringe any Intellectual Property Rights or other proprietary rights of any third party or misappropriate any trade secret of any third party;

Each Party's performance hereunder does not and shall not violate any applicable law, rule or regulation; and

Each Party shall, at a minimum, maintain reasonable and customary security measures (i.e., physically, electronically, or otherwise) to protect Confidential Information in its possession from disclosure or breach, unless a higher standard is required by virtue of applicable law governing a Party's business operations or performance hereunder, in which case, such more stringent standard shall apply.

0. BACKGROUND CHECKS

Each Party shall perform customary background checks of its employees, independent contractors and other personnel performing hereunder in accordance with applicable law. Per requirements of CSCLM by the Florida Department of Commerce DWD shall supply background documentation results in written form to CSCLM for all DWD staff working within CSCLM Career Centers.

1. NO PUBLICITY

A party shall not use the other Party's name or trademark in any advertising, written sales promotion, press releases or other publicity matters relating to this Agreement without the other Party's written electronic consent, which shall not be unreasonably withheld.

2. LEGAL NOTICES

The termination notice, as well as all other notices required herein, shall be considered received when delivered to:

For Dwyer Workforce Development: Barb Clapp and Maria Darby CEO/Chief Operating Officer
1422 Clarkview Road
Baltimore, MD 21209
bclapp@dwyerworkforcedev.org
mdarby@dwyerworkforcedev.org

For CareerSource Citrus Levy Marion
Rusty Skinner
CEO
3003 SW College Rd, Suite 205
Ocala, FL 34474
Rskinner@careersourceclm.com

10. CONFIDENTIAL INFORMATION

The Parties may disclose ("Discloser") certain Confidential Information (defined below) which may include personal data to the other (the "Recipient").

"Confidential Information" means all written or verbal information provided by Discloser to Recipient concerning Discloser or its business, products or services that is not generally known to the public or that a reasonable person would consider confidential from the nature of the information and circumstances of disclosure, including, without limitation, (a) information relating to Discloser's business affairs, customers, vendors, trade secrets, prices, products, services, accounting, marketing, finances, business systems and computer programs, (b) information that constitutes personal data, and (c) any other information designated

as confidential by Discloser at the time of disclosure. Except where expressly provided to the contrary, the meaning of the words "Confidential Information" shall be taken to include personal data or sensitive personal data as defined under data protection laws (defined below).

Exclusions. Confidential Information does not include information which was known to Recipient before disclosure by Discloser; or which is or becomes information within the public domain (through no fault of Recipient); or which is independently developed by Recipient without any use of or reference to the Confidential Information of Discloser; or which is rightfully received by Recipient from third parties not subject to an obligation of confidence to Discloser; or the release of which is approved by Discloser in writing.

Further Disclosure. If Recipient or any of its representatives are required or requested (by legal process, civil investigative demand, or similar process) to disclose any Confidential Information, Recipient will, to the extent permitted by law, promptly notify Discloser so that Discloser may seek an appropriate protective order at Discloser's sole cost and expense or waive compliance with this Agreement. If a protective order or other remedy is not obtained by the date that Recipient must comply with the request, or if Discloser waives compliance with the provisions of this Agreement, Recipient agrees to furnish only that portion of the Confidential Information and other information which is legally required in the reasonable opinion of its counsel (and, to the extent permitted, agreed to by Discloser's counsel).

Internal Purpose. Recipient agrees that any Confidential Information disclosed to it will be used solely for its internal purpose and will not disclose any portion of the Confidential Information to any person, other than to employees, officers, directors, contractors, and agents who are bound in writing in confidence with Recipient or by virtue of the relationship (i.e., attorney-client privilege) on terms and conditions no less restrictive than the terms and conditions of this Agreement and on a need-to-know basis. Each party undertakes to protect from public disclosure all Confidential Information of the other party in its possession. Recipient shall keep this Confidential Information secure using means substantially similar to those used to protect its own Confidential Information, but the means must be no less than reasonable. Recipient shall not disclose to any third party any Confidential Information, not permit any third party to have access to the Confidential Information, and not use the Confidential Information for any purpose that will breach confidentiality or violate ownership rights without the prior written consent of Discloser, except as specified above. Any approved disclosure to a third party must only be made if it agrees to treat the information as confidential and proprietary or as otherwise required by law.

Ownership. All Confidential Information in whatever form (including, without limitation, documents, drawings, sketches, copies, notes, analyses, plans, drafts, schematics, and designs) remains the property of Discloser. No patent, copyright, trademark or other proprietary right or license is granted by this Agreement or any disclosure hereunder, except for the right to use the information in accordance with this Agreement.

Return of Confidential Information. Upon conclusion of business, Recipient shall (a) immediately deliver to Discloser or destroy all the materials and things embodying any of the Confidential Information and certify the same in writing in a form reasonably requested by Discloser, (b) not retain any copies or reproductions, other than those retained in the ordinary course of Recipient's computer systems backup or as required to comply with legal obligations of Recipient, and (c) not dispose of any of the materials and things or copies or reproductions of them to any third party other than as required by law.

In the event CSCLM receives a request for dissemination of DWD Confidential Information CSCLM shall promptly notify DWD of such request, and shall refuse, to the extent permitted by law, to disclose the Confidential Information without the written consent of DWD. The Parties acknowledge that CSCLM is a federal and state funded organization and is subject to the Florida Public Records law, Florida Statutes Chapter 119 and that any record deemed public and subject to disclosure will be released if a proper request is made.

11. LAWS AND REGULATIONS

The Parties shall comply with all applicable Federal, State and local laws, rules, and regulations whether now in effect or hereafter enacted or promulgated.

12. DATA PRIVACY

Each party shall comply with all data privacy laws, with respect to activities hereunder and certifies that it has implemented and currently maintains an effective information security program that includes appropriate technical, organizational, administrative, physical and other safeguards designed to (a) ensure the security and confidentiality of Confidential Information; (b) protect against any threats or hazards to the security or integrity of Confidential Information, (c) prevent unauthorized destruction, modification, disclosure or use of Confidential Information, and (d) prevent accidental loss of or damage to Confidential Information.

The Parties agree that access to Personal Information of Dwyer Workforce Development or a Dwyer Workforce Development client during the performance of this Agreement shall not be provided unless required necessary for performance hereunder. The Parties shall reasonably cooperate to cause any subcontractors and/or affiliates to execute and implement all other mutually agreed documentation and agreements to safeguard and protect Personal Information in accordance with all data privacy laws, including all laws concerning data protection, and security laws applicable to Dwyer Workforce Development and Supplier.

CareerSource Citrus Levy Marion shall only use, or process Personal Information supplied by or on behalf of Dwyer Workforce Development in connection with CareerSource Citrus Levy Marion performance hereunder: (a) solely on behalf of Dwyer Workforce Development, and (b) for Dwyer Workforce Development's purposes.

Both parties shall immediately, but in no event more than twenty-four (24) hours after learning that unauthorized exposure to, disclosure of, or breach in the security of Confidential Information may have occurred or is reasonably suspected (a "Security Incident"). In addition, CareerSource Citrus Levy Marion shall, at CareerSource Citrus Levy Marion own cost and expense, promptly provide detailed information about the Security Incident to Dwyer Workforce Development, cooperate fully in Dwyer Workforce Development's investigation of and response to such Security Incident, and take steps acceptable to Dwyer Workforce Development in Dwyer Workforce Development's reasonable discretion to prevent a recurrence of any such Security Incident. CareerSource Citrus Levy Marion agrees that in the event of a Security Incident, Dwyer Workforce Development shall have the sole right to determine (i) whether notice is to be provided to any individuals, regulators, law enforcement agencies, consumer reporting agencies, or others as required by law or regulation, or in Dwyer Workforce Development's discretion; and (ii) the contents of such notice, whether any type of remediation may be offered to affected persons, and the nature and extent of any such remediation. Any such notice or remediation shall be at CareerSource Citrus Levy Marion sole cost and expense.

In the event either Party, or its affiliate or subsidiary, is functioning as a Covered Entity under applicable law, and the other Party shall be permitted access to "PHI" as that term is defined under the Health Insurance Portability and Accountability Act ("HIPAA"), as amended, the Parties shall execute an appropriate business associate agreement and abide thereby.

13. NO ASSIGNMENT OR SUBMOU

Neither Party shall have the right to assign, transfer or subcontract this MOU or all or any portion of the Services or delegate any of its duties hereunder without the other Party's express or prior written consent. Any assignment in contravention of this provision shall be null and void. This MOU will be binding on all permitted assignees and successors in interest.

14. SEVERABILITY

If any term or provision of this MOU shall be found to be void or contrary to law, such term or provision shall, but only to the extent necessary to bring this MOU within the requirements of law, be deemed to be severable from the other terms and provision hereof, and the remainder of this MOU shall be given effect as if the parties had not included the severed term or provision herein.

15. MISCELLANEOUS

By executing this Agreement, each Party represents to the other Party that it is authorized to enter into this Agreement, that the person signing on its behalf is duly authorized to execute this Agreement, and that no other signatures are necessary. Nothing contained in this Agreement shall be deemed or construed by the Parties or by any third party to create the relationship of principal and agent, partnership, joint venture, or any association between the Parties except as specifically stated herein. This MOU is made for the benefit of the Parties hereto and not for the benefit of any third party.

The terms of this Agreement which contemplate performance after termination will survive termination, including the following Sections regarding Termination, this section on survival, Representations and Warranties, Indemnification, Confidential Information This Agreement may be executed in any number of counterparts, each of which will be deemed an original and all of which taken together will constitute one signed agreement between the parties. Signatures may be transmitted by PDF and will be deemed original.

This Agreement contains the entire agreement of the parties regarding the subject matter described herein. The provisions of this Agreement may not be amended, except by an agreement in writing signed by authorized representatives of both parties.

16. SIGNATURE

Jack and Nancy Dwyer Workforce Development, Inc.

CareerSource Citrus Levy Marion

Signature	Date
Barb Clapp	
President and CEO	

Signature	Date
Thomas E. Skinner, Jr.	
Chief Executive Officer	



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Workforce Champion Nomination

BACKGROUND:

Our recognition program underwent several changes in 2022 due to responses received from the employee survey. One of those changes was for the Executive Committee/Board to make the final selection of our Workforce Champion that will be recognized during the 2024 Workforce Professional Summit in Orlando Florida September 9-11.

POINTS OF CONSIDERATION:

Our center managers have nominated two staff members and have recorded their nominations for the review by the Executive Committee.

STAFF RECOMMENDATIONS:

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

COMMITTEE ACTION:

BOARD ACTION:



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Subgrantee Agreement Compliance- Schedule of Operations

BACKGROUND:

The Subgrantee Agreement calls for certain approvals by the Board.

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

POINTS OF CONSIDERATION:

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

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

In addition, CLM offices/centers close four (4) times per year for staff training
For hours of operation, CLM's normal hours of operation are Monday through Friday, 8:00am until 5:00 pm.

STAFF RECOMMENDATIONS:

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

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

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

COMMITTEE ACTION:

BOARD ACTION:



CareerSource CLM Schedule of Operations

Program Year 2024-2025

July 4th (Thursday)

Labor Day (Monday, September 2nd)

Veterans Day (Monday, November 11)

Thanksgiving Day (Thursday, November 28)

Friday after Thanksgiving (Friday, November 29)

Christmas Eve (Tuesday, December 24)

Christmas Day (Wednesday, December 25)

New Year's Day (Wednesday, January 1)

Martin Luther King Jr's Birthday (Monday, January 20)

Memorial Day (Monday, May 26)

Juneteenth (Thursday, June 19)



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Form 990 Return of Organization Exempt from Income Tax for program year 7/1/22-6/30/23.

BACKGROUND:

POINTS OF CONSIDERATION:

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

STAFF RECOMMENDATIONS:

Approve Form 990

COMMITTEE ACTION:

BOARD ACTION:

CLIENT ' S COPY

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

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

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

EIN or SSN
59-3409057

Name and title of officer or person subject to tax **THOMAS E. SKINNER, JR.
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>6,632,351.</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 V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CALEB PERLA to enter my PIN 34474
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56597132025

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CALEB PERLA

Date 05/09/24

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <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 \$ 6,632,351. 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

	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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	66
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,465,022.
9		Program service revenue (Part VIII, line 2g)	102,636.	107,181.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229.	1,284.
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)	6,567,887.	6,632,351.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	627,980.
	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)	3,918,385.	3,770,016.
	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)	1,972,473.	2,045,241.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,518,838.	6,585,945.
	19	Revenue less expenses. Subtract line 18 from line 12	49,049.	46,406.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,726,643.	End of Year 1,444,709.
	21	Total liabilities (Part X, line 26)	1,436,052.	1,107,712.
	22	Net assets or fund balances. Subtract line 21 from line 20	290,591.	336,997.

Part II Signature Block

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

Sign Here	Signature of officer THOMAS E. SKINNER, JR, EXECUTIVE DIRECTOR	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name RICHARD C. POWELL	Preparer's signature
	Firm's name POWELL AND JONES, CPA'S	Date 05/09/24
	Firm's address 1359 SW MAIN BLVD LAKE CITY, FL 32025	Check if self-employed <input type="checkbox"/> PTIN P01426180
		Firm's EIN 59-2145410
		Phone no. 386-755-4200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,955,562. including grants of \$ 575,993.) (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 \$ 2,003,650. including grants of \$ 127,352.) (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 \$ 444,620. including grants of \$ 67,153.) (Revenue \$) YOUTHBUILD - YOUTHBUILD PARTNERS WITH OPPORTUNITY YOUTH TO BUILD THE SKILLSETS AND MIND SETS THAT LEAD TO LIFELONG LEARNING, LIVELIHOOD AND LEADERSHIP.

4d Other program services (Describe on Schedule O.) (Expenses \$ 492,660. including grants of \$ 190.) (Revenue \$ 108,465.)

4e Total program service expenses 5,896,492.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

Form 990 (2022)

59-3409057 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in 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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	29	
b Enter the number of Forms W-2G included on 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		

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	66	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**CITRUS, LEVY, MARION REGIONAL WORKFORCE
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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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	28		
b Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS SKINNER CEO	40.00	X		X			137,030.	0.	3,955.	
(2) DALE FRENCH EXECUTIVE VICE PRESIDENT	1.00	X		X			103,461.	0.	8,277.	
(3) DARLENE GODDARD BOARD MEMBER	1.00	X					0.	0.	0.	
(4) KEVIN CUNNINGHAM BOARD MEMBER	1.00	X					0.	0.	0.	
(5) DR. MARK PAUGH BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANGIE WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
(7) PAT REDDISH BOARD MEMBER	1.00	X					0.	0.	0.	
(8) PETE BEASLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(9) STACI BERTRAND BOARD MEMBER	1.00	X					0.	0.	0.	
(10) THERESA FLICK BOARD MEMBER	1.00	X					0.	0.	0.	
(11) JORGE MARTINEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(12) FREDRICK MORGAN BOARD MEMBER -TREASURER	1.00	X		X			0.	0.	0.	
(13) ARNO PROCTOR BOARD MEMBER	1.00	X					0.	0.	0.	
(14) CHRISTOPER COWART BOARD MEMBER	1.00	X					0.	0.	0.	
(15) KATHY JUDKINS BOARD MEMBER - PAST CHAIR	1.00	X		X			0.	0.	0.	
(16) CARL FLANAGAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) EQUILLA WHEELER BOARD MEMBER	1.00	X					0.	0.	0.	

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBRA STANLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JOHN HEMKEN BOARD MEMBER	1.00	X					0.	0.	0.	
(20) JOHN MURPHY BOARD MEMBER	1.00	X					0.	0.	0.	
(21) ALBERT JONES BOARD MEMBER	1.00	X					0.	0.	0.	
(22) KIM BAXLEY BOARD MEMBER - CHAIR	1.00	X		X			0.	0.	0.	
(23) CHARLES HARRIS BOARD MEMBER	1.00	X					0.	0.	0.	
(24) BRANDON WHITEMAN BOARD MEMBER - VICE CHAIR	1.00	X		X			0.	0.	0.	
(25) JEFF CHANG BOARD MEMBER	1.00	X					0.	0.	0.	
(26) LANNY MATHIS BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							240,491.	0.	12,232.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							240,491.	0.	12,232.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COLLEGE OF CENTRAL FL FOUNDATION 3001 SW COLLEGE ROAD, OCALA, FL 34474	RENT	163,795.

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 VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,523,886.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		6,523,886.				
Program Service Revenue	2 a	PROGRAM INCOME	Business Code					
			561300	107,181.	107,181.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		107,181.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,284.	1,284.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			6,632,351.	108,465.	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

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	770,688.	770,688.		
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	237,096.	110,650.	126,446.	
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	2,790,418.	2,468,533.	321,885.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	172,745.	147,054.	25,691.	
9 Other employee benefits	349,795.	292,523.	57,272.	
10 Payroll taxes	219,962.	187,016.	32,946.	
11 Fees for services (nonemployees):				
a Management				
b Legal	4,651.		4,651.	
c Accounting	16,500.		16,500.	
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				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	45,160.	45,160.		
17 Travel	89,785.	72,145.	17,640.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	128,497.	124,001.	4,496.	
20 Interest	12,925.	12,925.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,879.	205,879.		
23 Insurance	43,057.	17,765.	25,292.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBCONTRACT	712,073.	712,073.		
b COMMUNICATIONS	164,730.	153,743.	10,987.	
c CONTRACT LABOR OTHER	138,199.	118,918.	19,281.	
d OUTREACH	119,404.	119,404.		
e All other expenses	364,381.	338,015.	26,366.	
25 Total functional expenses. Add lines 1 through 24e	6,585,945.	5,896,492.	689,453.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	1,833.	1	5,311.
	2 Savings and temporary cash investments	865,029.	2	691,787.
	3 Pledges and grants receivable, net	471,529.	3	532,471.
	4 Accounts receivable, net	5,419.	4	7,707.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,385.	9	80,864.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,373,667.		
	b Less: accumulated depreciation	10b 2,254,085.	325,462.	10c 119,582.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,986.	15	6,987.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,726,643.	16	1,444,709.	
Liabilities	17 Accounts payable and accrued expenses	608,500.	17	538,288.
	18 Grants payable		18	
	19 Deferred revenue	319,842.	19	304,409.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	507,710.	25	265,015.
	26 Total liabilities. Add lines 17 through 25	1,436,052.	26	1,107,712.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	290,591.	29	336,997.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32 Total net assets or fund balances	290,591.	32	336,997.
33 Total liabilities and net assets/fund balances	1,726,643.	33	1,444,709.	

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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	6,632,351.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,585,945.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,406.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	290,591.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	336,997.

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <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 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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6918510.	7408213.	7406896.	6465022.	6523886.	34722527.
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	6918510.	7408213.	7406896.	6465022.	6523886.	34722527.
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.						34722527.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6918510.	7408213.	7406896.	6465022.	6523886.	34722527.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,579.	1,595.	1,083.	229.	1,284.	5,770.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				102,634.	107,181.	209,815.
11 Total support. Add lines 7 through 10						34938112.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.38	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.24	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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"/>

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

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

Section A. Public Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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).		

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

Schedule A (Form 990) 2022

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

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

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

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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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	\$ 6,079,266.	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	\$ 444,620.	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.)

Name of organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

(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

(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

(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

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

2022

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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)?

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2022

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

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) LEASE LIABILITY	265,015.
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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	6,632,351.
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	6,632,351.
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	6,632,351.

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	6,585,945.
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	6,585,945.
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	6,585,945.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUPPORT SERVICES TO PROGRAM PARTICIPANTS	0	488,875.	0.		
TRAINING SERVICES FOR PROGRAM PARTICIPANTS	0	281,813.	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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2022

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2022

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

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

CAREERSOURCE CITRUS LEVY MARION

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

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

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

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

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

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization CITRUS, LEVY, MARION REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3409057
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FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART XII, LINE 2C:

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



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Compensation Plan Review

BACKGROUND:

Our Human Resources Manager has conducted a review of our compensation plan. A comparison of positions was conducted against 20 other workforce boards in the state of Florida. The compensation table is attached showing current minimum and maximum pay ranges as well as proposed minimum and maximum ranges based on that research.

POINTS OF CONSIDERATION:

This review has resulted in the recommendation to increase the base pay rates for sixteen (16) positions and the maximum pay rates for four (4) positions.

There are four current staff that will be impacted by the increase of the minimum range rate. This will result in a total budget impact of \$10,868.00.

STAFF RECOMMENDATIONS:

Approve the new compensation plan scale effective July 1, 2024.

COMMITTEE ACTION:

BOARD ACTION:

CareerSource Citrus Levy Marion Compensation Plan – Draft

CLASSIFICATION	Current Minimun	Proposed Minimum	Current Maximum	Proposed Maximum	
Accountant	\$44,460	\$54,551	\$ 78,950.00	\$ 78,950.00	*
Apprenticeship Coordinator	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	
Assistant Director of Business Services	\$49,000	\$49,000	\$ 86,963.00	\$ 86,963.00	*
Assistant Director of Career Development	\$49,000	\$49,000	\$ 86,963.00	\$ 86,963.00	*
Assistant Director of Workforce Initiatives	\$49,000	\$49,000	\$ 86,963.00	\$ 86,963.00	*
Broadband Grant Coordinator	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	
Business Development Coordinator	\$36,850	\$36,850	\$ 65,226.00	\$ 65,226.00	
Business Development Coordinator Sr.	\$40,400	\$40,400	\$ 71,749.00	\$ 71,749.00	
Business Development Manager	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	*
Career Center Manager	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	*
Career Center Support Specialist	\$33,500	\$34,500	\$ 59,247.00	\$ 59,247.00	
Career Development Coach	\$33,500	\$34,500	\$ 59,247.00	\$ 59,247.00	
Career Development Technician	\$27,720	\$31,200	\$ 42,840.00	\$ 42,840.00	
Digital Marketing Manager	\$44,460	\$56,000	\$ 78,950.00	\$ 78,950.00	*
Director of Communications	\$53,800	\$53,800	\$ 95,664.00	\$ 95,664.00	*
Director of Continuous Improvement	\$49,000	\$49,000	\$ 86,963.00	\$ 86,963.00	*
Director of Finance	\$65,150	\$71,000	\$ 115,775.00	\$ 128,000.00	
Director of IT	\$53,800	\$65,000	\$ 95,664.00	\$ 114,000.00	
Director of Operations	\$59,150	\$65,000	\$ 105,175.00	\$ 105,175.00	
Executive Vice President	\$80,850	\$90,000	\$ 143,651.01	\$ 150,000.00	
Experiential Learning Coordinator	\$36,850	\$36,850	\$ 65,226.00	\$ 65,226.00	
Human Resource Manager/EO Officer	\$44,460	\$54,000	\$ 78,950.00	\$ 78,950.00	*
Janitor/Facilities Tech	\$27,720	\$37,000	\$ 48,919.00	\$ 65,000.00	
Mobile Career Development Representative	\$36,850	\$36,850	\$ 65,226.00	\$ 65,226.00	
PC/ Network Specialist	\$40,400	\$40,400	\$ 71,749.00	\$ 71,749.00	
Program Development and Reporting Manager	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	
Program Manager	\$44,460	\$50,000	\$ 78,950.00	\$ 78,950.00	*
Research / Executive Assistant	\$40,400	\$50,000	\$ 71,749.00	\$ 71,749.00	
Senior Bookkeeper	\$36,850	\$37,200	\$ 65,226.00	\$ 65,226.00	
Senior Career Development Coach	\$40,400	\$40,400	\$ 71,749.00	\$ 71,749.00	
Systems Administrator	\$44,460	\$50,000	\$ 78,950.00	\$ 78,950.00	*
Talent Center Manager	\$44,460	\$44,460	\$ 78,950.00	\$ 78,950.00	*
Workshop Coordinator	\$40,400	\$40,400	\$ 71,749.00	\$ 71,749.00	

*Minimun will need to be adjusted Jan. 2025, if Proposed rule is not contested.



RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Preliminary 2024-2025 Budget

BACKGROUND:

Attached is the proposed budget figures for the 2024-2025 program year.

POINTS OF CONSIDERATION:

This budget is based on the following:

- Estimated carry forward funds from current year grants.
- Estimated expenditures for Hurricane Idalia DWG

STAFF RECOMMENDATIONS:

Approve preliminary 2024-2025 budget.

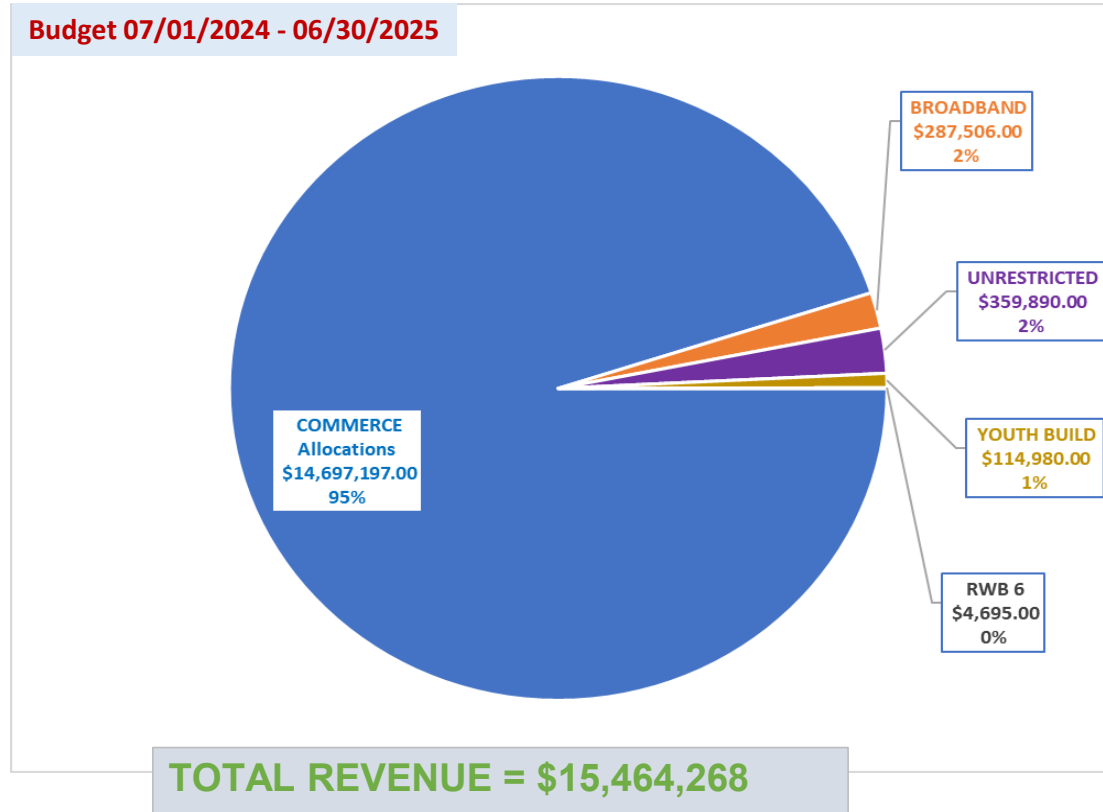
COMMITTEE ACTION:

BOARD ACTION:

REVENUE RESOURCES

\$15.46 M

COMMERCE ALLOCATIONS	
ADULT	\$2,332,151
YOUTH	\$1,132,587
DISLOCATED WORKER	\$578,398
WAGNER PEYSER	\$180,000
WTP	\$1,577,092
SNAP	\$185,176
VETS	\$54,935
REA	\$226,915
OTHER	\$8,429,943
TOTAL Commerce Allocations	\$14,697,197

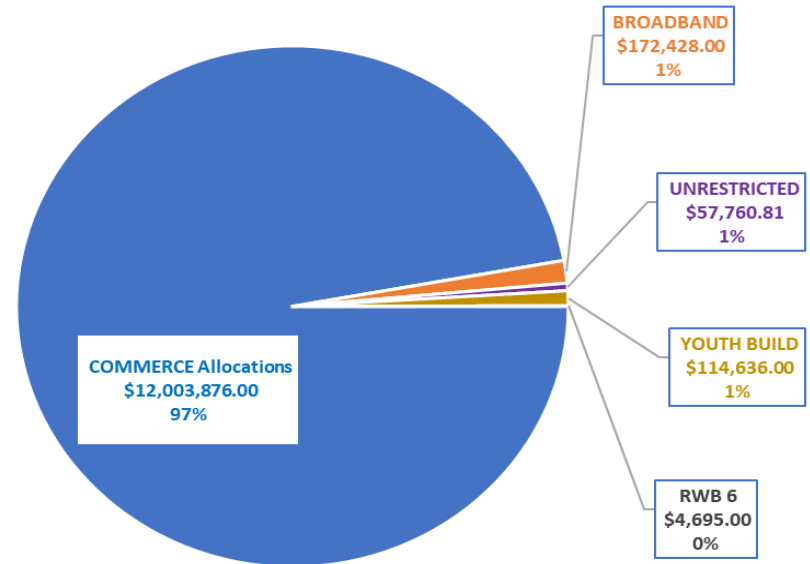


BUDGET EXPENDITURES

\$12.35 M

COMMERCE ALLOCATIONS	
ADULT	\$1,180,449
YOUTH	\$938,224
DISLOCATED WORKER	\$287,094
WAGNER PEYSER	\$79,313
WTP	\$968,420
SNAP	\$127,573
VETS	\$25,787
REA	\$91,475
OTHER	\$8,305,541
TOTAL Commerce Allocations	\$12,003,876

Budget 07/01/2024 - 06/30/2025

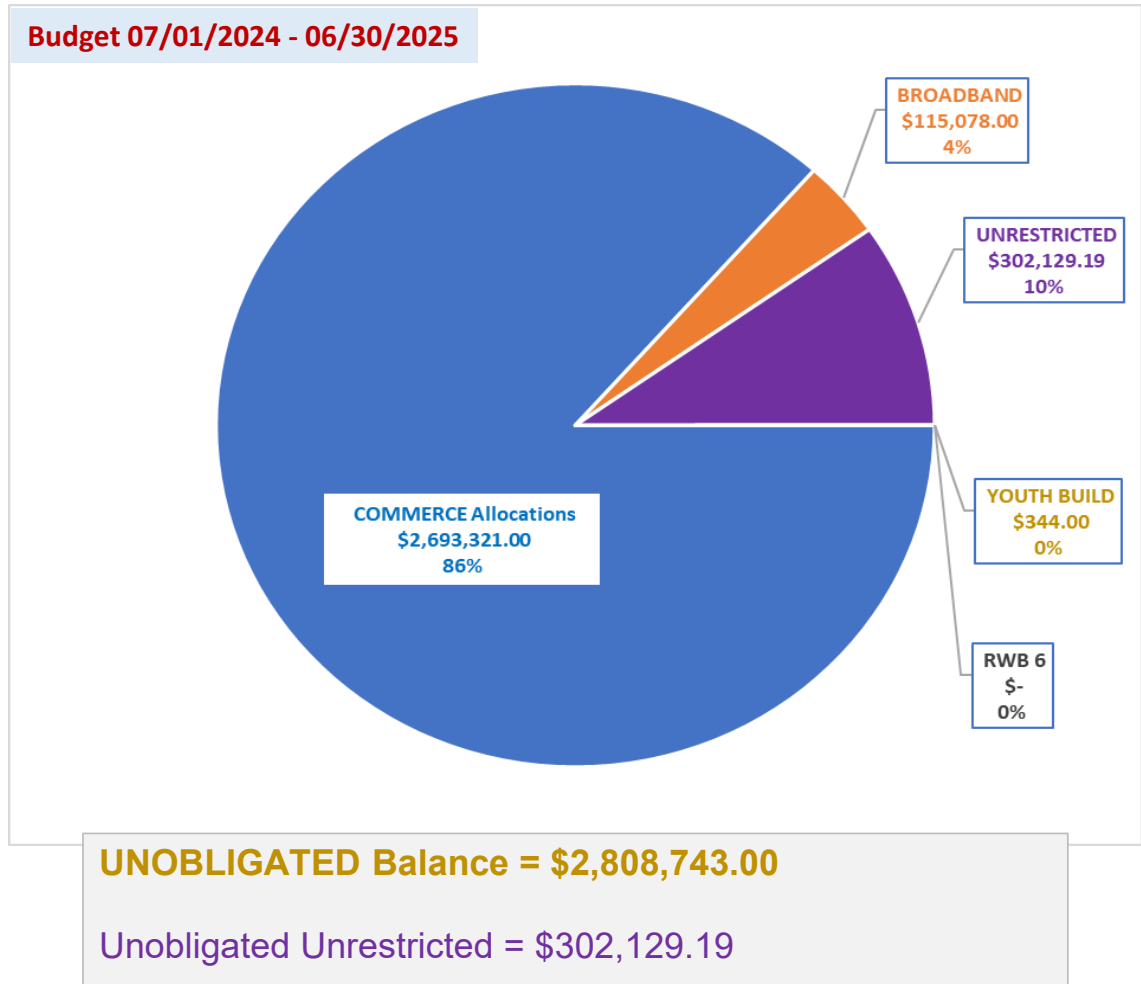


Budget Expenditures = \$12,353,395.81

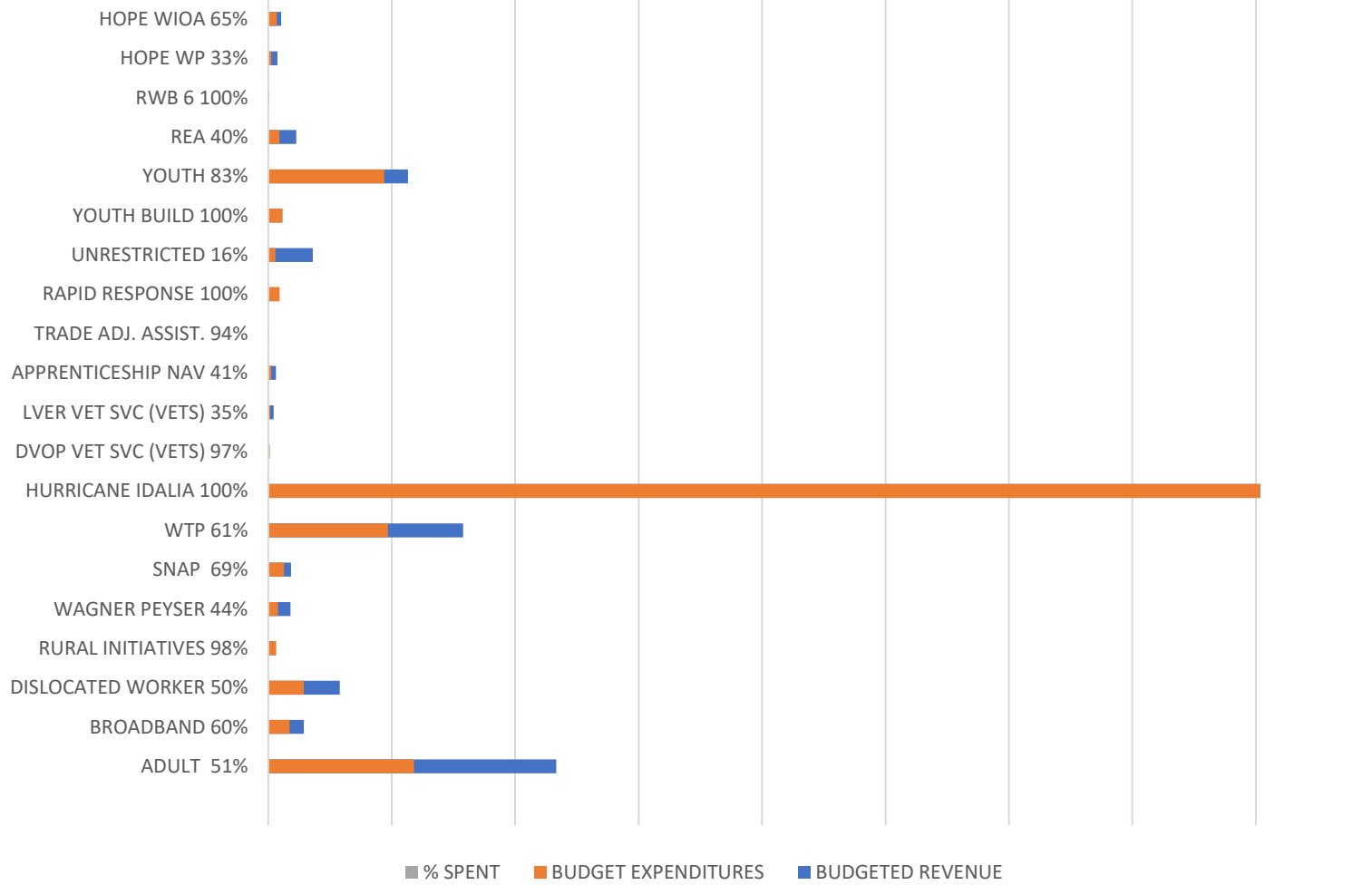
UNOBLIGATED BALANCE

\$2.81 M

COMMERCE ALLOCATIONS	
ADULT	\$1,151,702.00
YOUTH	\$194,363.00
DISLOCATED WORKER	\$291,304.00
WAGNER PEYSER	\$100,687.00
WTP	\$608,672.00
SNAP	\$57,603.00
VETS	\$29,148.00
REA	\$135,440.00
OTHER	\$124,402.00
TOTAL Commerce Allocations	\$2,693,321.00



% BUDGET SPENT





RECORD OF ACTION/APPROVAL

**Executive Committee
Wednesday, May 29, 2024**

TOPIC/ISSUE:

Administrative Staff Assistant

BACKGROUND:

HB1507 and SB240 have placed an increased focus on working with our local school partners on work-based learning programs and youth-focused hiring events. Additionally, the move of administrative staff to the 14th St Career Center has placed a greater strain on the resources in the center and have added to the job duties of staff overseeing facilities. The changes outlined above have increased the workload for Program Development, Business Services, Facilities and Administrative staff.

We are seeking approval to hire one full time Administrative Staff Assistant who will assist with facilities, event, and administrative support to help offset the day-to-day workload of staff who are currently handling support functions as well as programmatic tasks. This role would help schedule and plan events, schedule any required maintenance, ensure supplies are stocked and assist the administrative team with any support tasks as needed.

The addition of this support position will allow staff in the above-mentioned departments to focus more on the mission-critical tasks associated with their roles. It will also allow more time and attention to be placed on developing internal leadership.

POINTS OF CONSIDERATION:

This would be a new position as there is not currently an admin assistant on staff. Addition of this position is contingent on sustained funding. The position will only be added once budgets are confirmed, and appropriate funding is available.

This position will be classified as Pay Grade 106 (\$34,500 - \$59,247)

STAFF RECOMMENDATIONS:

Approve the addition of an Administrative Support Assistant upon funding availability.

COMMITTEE ACTION:

BOARD ACTION: