EXECUTIVE COMMITTEE AGENDA

Date: **Friday, January 18, 2019**
Time: **8:00 A.M.**
Place: **CareerSource Research Coast**
584 NW University Blvd.
Suite 100
Port St. Lucie, Florida 34986
866-482-4473 ext. 421

https://www3.gotomeeting.com/join/110727014
Dial 1 888 999 0073
Access Code: 110-727-014

1. Welcome & Attendance
2. Declarations of Conflict of Interest

** 3. Review and Approve October and November Financials

** 4. Review and Approve Number of Youth Council Meetings

** 5. Review and Approve Board Member Related Party Transactions

6. Review the 2017 990 Tax Return Form

7. Review Notice of Non-Continuation of the One-Stop Operator Agreement

INFORMATION/DISCUSSION ONLY

8. Other Business

9. Set Agenda Items for Next Meeting – February 15, 2019

10. Set Agenda Item for Board of Directors Meeting – January 30, 2019

11. Adjournment

12. President/CEO Performance Evaluation

**** Indicates possible voting item and open for public comment**

CareerSource RESEARCH COAST

AGENDA ITEM #3

AGENDA ITEM SUMMARY

TITLE:	Financial Statement Report
STRATEGIC GOAL:	Optimal Use of Resources
POLICY/PLAN/LAW:	Workforce Innovation & Opportunity Act: Role of LWDB's
ACTION REQUESTED:	Review and Approve October & November Financial Statements
BACKGROUND:	The Board approved the proposed budget for the 2018-2019 Program Year. The Executive Committee regularly reviews budgets, all amendments to the budget and monthly expenditures.
STAFF RECOMMENDATION:	Review and Approve the October & November Financial Statements
SUPPORTING MATERIALS:	Monthly Financial Statements
BOARD STAFF:	Lisa Delligatti, Chief Financial Officer ldelligatti@careersourcerc.com 866-482-4473 ext. 430

LWDB 20
Summary of Funding and Expenditures
October 31, 2018

PY 18-19 TOTAL AVAILABLE FUNDING	INDIRECT	ADULT	DW	YOUTH	WTP	RA (UC)	SNAP	WP	TAA	LVER	DVOP	CBSS	Supp WIOA State	FY 16-17 PI WIOA	FY 16-17 PI WP
PY 18-19 Allocations		$ 1,395,936	$ 989,369	$ 1,250,430	$ 1,050,719	$ 23,730	$ 161,286	$ 869,146	$ 69,626	$ 144,536	$ 202,362	$ 95,923	$ 127,562	$ 733,348	$ 125,141
PY 18-19 Supplemental		$ -	$ 304,295	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrestricted Funds Earned this year		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Additional Funds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Retained by DEO for Merit Salaries		$ -	$ -	$ -	$ -	$ -	$ -	$ (488,670)	$ (22,973)	$ (96,424)	$ (130,402)	$ -	$ -	$ -	$ -
Carryforward to PY 19-20		$ -	$ (195,738)	$ (293,076)	$ -	$ (4,200)	$ (41,000)	$ (199,329)	$ (22,918)	$ -	$ -	$ -	$ -	$ -	$ -
Carryforward		$ -	$ 232,735	$ 102,700	$ -	$ 4,358	$ 41,458	$ 131,547	$ -	$ 10,970	$ 516	$ -	$ -	$ -	$ -
TOTAL	**$ -**	**$ 1,395,936**	**$ 1,330,661**	**$ 1,060,054**	**$ 1,050,719**	**$ 23,888**	**$ 161,744**	**$ 312,694**	**$ 23,735**	**$ 59,082**	**$ 72,475**	**$ 95,923**	**$ 127,562**	**$ 733,348**	**$ 125,141**
FUNDING DRAWN DOWN YTD	**INDIRECT**	**ADULT**	**DW**	**YOUTH**	**WTP**	**RA (UC)**	**SNAP**	**WP**	**TAA**	**LVER**	**DVOP**	**CBSS**	**Supp WIOA State**	**FY 16-17 PI WIOA**	**FY 16-17 PI WP**
PY 18-19 Allocations		**$ 409,169**	**$ 42,464**	**$ 141,191**	**$ 262,684**	**$ 4,358**	**$ 79,257**	**$ 215,466**	**$ 17,001**	**$ 10,668**	**$ 22,929**	**$ 73,730**	**$ 127,562**	**$ 147,119**	**$ 25,000**
PY 18-19 Supplemental		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Retained by DEO for Merit Salaries		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Unrestricted Funds Earned this year		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Additional funds/Carryforward to PY 19-20		**$ -**	**$ -**	**$ 200**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Carryforward		**$ -**	**$ 232,735**	**$ 102,700**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL		**$ 409,169**	**$ 275,199**	**$ 244,091**	**$ 262,684**	**$ 4,358**	**$ 79,257**	**$ 215,466**	**$ 17,001**	**$ 10,668**	**$ 22,929**	**$ 73,730**	**$ 127,562**	**$ 147,119**	**$ 25,000**
% of Total Budgeted Funding Received		**29.31%**	**20.68%**	**23.03%**	**25.00%**	**18.24%**	**49.00%**	**68.91%**	**71.63%**	**18.06%**	**31.64%**	**76.86%**	**100.00%**	**20.06%**	**19.98%**
EXPENDITURES															
Administrative	**$ (13,852)**	**$ 34,877**	**$ 8,342**	**$ 7,498**	**$ 20,437**	**$ 184**	**$ 7,117**	**$ 25,170**	**$ 44**	**$ 476**	**$ 947**	**$ 3,091**	**$ 11,687**	**$ 22,795**	**$ 100**
Salaries and Benefits	$ 85,126	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ 11,871	$ -
General and Administrative	$ 64,296	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Allocated Indirect Costs	$ (163,275)	$ 67,964	$ 8,342	$ 7,498	$ 20,437	$ 184	$ 7,117	$ 3,770	$ 44	$ 476	$ 947	$ 3,091	$ -	$ 10,924	$ 100
Reclassification		$ (33,087)	$ -	$ -	$ -	$ -		$ 21,400	$ -	$ -	$ -	$ -	$ 11,687	$ -	$ -
Travel		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Program Training	**$ (11,638)**	**$ 530,339**	**$ 88,896**	**$ 296,726**	**$ 219,558**	**$ 5,854**	**$ 74,222**	**$ 125,400**	**$ 1,132**	**$ 10,251**	**$ 20,106**	**$ 29,840**	**$ 115,875**	**$ 99,324**	**$ 962**
WIA Youth Contracts		$ -	$ -	$ 231,192	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Salaries and Benefits	$ 71,138	$ 345,799	$ 55,677	$ 22,532	$ 135,800	$ -	$ 44,792	$ 12,106	$ 128	$ 1,015	$ 2,082	$ -	$ -	$ 90,949	$ -
Contract Labor	$ -	$ 2,700	$ 1,112	$ 2,891	$ 9,279	$ -	$ 4,471	$ 187	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Internship		$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Incentives/Stipends		$ -	$ -	$ -	$ 2,525	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Support Services/ Participants		$ 1,165	$ -	$ -	$ 900	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,888	$ -	$ -	$ -
Training-TAA		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training-ITA/OST		$ 69,860	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,839	$ -	$ -	$ -
Training-OJT		$ 81,734	$ 1,885	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training-Cust./Employed Worker		$ 14,248	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
WEX/ Internships/ Participant Wages		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Travel	$ 2,261	$ 4,802	$ 1,793	$ 807	$ 2,744	$ -	$ 987	$ 699	$ 1	$ 10	$ 807	$ -	$ -	$ -	$ -
One Stop Shared Costs		$ 87,032	$ 15,293	$ -	$ 38,385	$ 5,741	$ 13,890	$ 40,428	$ 973	$ 290	$ 15,714	$ -	$ -	$ -	$ -
Other Operating Expenses	$ 14,581	$ 53,477	$ 8,175	$ 34,396	$ 17,462	$ -	$ 6,123	$ 13,648	$ 1	$ 8,659	$ 932	$ -	$ -	$ -	$ 894
Allocated Program Indirect	$ (99,619)	$ 41,446	$ 4,961	$ 4,908	$ 12,465	$ 112	$ 3,958	$ 2,282	$ 29	$ 277	$ 570	$ 2,113	$ -	$ 8,375	$ 68
Reclassification		**$ (171,925)**	**$ -**	$ -	$ -	$ -	$ -	$ 56,050	$ -	$ -	$ -	$ -	$ 115,875	$ -	$ -
Total Expenditures	**$ (25,490)**	**$ 565,216**	**$ 97,238**	**$ 304,224**	**$ 239,995**	**$ 6,038**	**$ 81,339**	**$ 150,570**	**$ 1,176**	**$ 10,728**	**$ 21,053**	**$ 32,932**	**$ 127,562**	**$ 122,119**	**$ 1,062**
Funding Over/(under) expenditures	**$ 25,490**	**$ (156,047)**	**$ 177,961**	**$ (60,133)**	**$ 22,690**	**$ (1,680)**	**$ (2,082)**	**$ 64,897**	**$ 15,825**	**$ (60)**	**$ 1,876**	**$ 40,798**	**$ 0**	**$ 25,000**	**$ 23,938**
YTD % of Budgeted Funds Expended		**40.49%**	**7.31%**	**28.70%**	**22.84%**	**25.28%**	**50.29%**	**48.15%**	**4.96%**	**18.16%**	**29.05%**	**34.33%**	**100.00%**	**16.65%**	**0.85%**
Comments															

LWDB 20
Summary of Funding and Expenditures
October 31, 2018

PY 18-19 TOTAL AVAILABLE FUNDING	Pthways to Prosperity Pre-Appren	SSI Manufacturing Apprentice	Youth Build	FATES	Gov Chal Maria	SOS Youth	OTHER Non NFA	YEAR TO DATE TOTALS		
PY 18-19 Allocations	$ 467,552	$ 400,095	$ 420,555	$ 353,338	$ 18,635	$ -			$ 8,899,288	
PY 18-19 Supplemental	$ -	$ -	$ -	$ -	$ -				$ 304,295	
Unrestricted Funds Earned this year	$ -	$ -	$ -	$ -	$ -		$ 63,126		$ 63,126	
Additional Funds	$ -	$ -	$ -	$ -	$ -	$ 215,003			$ 215,003	
Retained by DEO for Merit Salaries	$ -	$ -	$ -	$ -	$ -				$ (738,469)	
Carryforward to PY 19-20	$ -	$ -	$ -	$ -	$ -				$ (756,261)	
Carryforward	$ -	$ -	$ -	$ -	$ -				$ 524,284	
TOTAL	**$ 467,552**	**$ 400,095**	**$ 420,555**	**$ 353,338**	**$ 18,635**	**$ 215,003**	**$ 63,126**	**$ -**	**$ 8,511,267**	

FUNDING DRAWN DOWN YTD	PP Appren	Manuf Appren	Youth Build	FATES	Gov Chal Maria	SOS Youth	OTHER Non NFA	PY 18-19 Actual	PY 18-19 Budget	VARIANCE	% Expended
PY 18-19 Allocations	**$ 114,865**	**$ 131,371**	**$ 56,683**	**$ 5,210**	**$ 485**	**$ -**	**$ -**	**$ 1,887,212**	**$ 8,899,288**	**$ 7,012,077**	**21.206%**
PY 18-19 Supplemental		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 304,295**	**$ 304,295**	**0.000%**
Retained by DEO for Merit Salaries	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (738,469)**		
Unrestricted Funds Earned this year	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 50,167**	**$ 50,167**	**$ 278,129**	**$ 227,962**	**18.037%**
Additional funds/Carryforward to PY 19-20	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,000**	**$ -**	**$ 10,200**	**$ (756,261)**	**$ (766,461)**	
Carryforward	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 335,435**	**$ 524,284**	**$ 188,849**	**63.980%**
TOTAL	**$ 114,865**	**$ 131,371**	**$ 56,683**	**$ 5,210**	**$ 485**	**$ 10,000**	**$ 50,167**	**$ 2,283,014**	**$ 8,511,267**	**$ 6,228,253**	**26.823%**
% of Total Budgeted Funding Received	**24.57%**	**32.83%**	**13.48%**	**1.47%**	**2.60%**						

EXPENDITURES								PY 18-19 Actual	PY 18-19 Budget	VARIANCE Under/(Over)	% Expended
Administrative	**$ 12,172**	**$ 12,465**	**$ 3,741**	**$ 346**	**$ 11**	**$ 439**	**$ 3,160**	**$ 161,249**	**$ 569,523**	**$ 408,274**	**28.31%**
Salaries and Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 96,998	$ 373,408	$ 276,410	25.976%
General and Administrative	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 64,296	$ 151,125	$ 86,829	42.545%
Allocated Indirect Costs	$ 12,172	$ 12,465	$ 3,741	$ 346	$ 11	$ 439	$ 3,160	$ (45)	$ 134,728	$ 134,773	-0.034%
Reclassification	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Program Training	**$ 106,865**	**$ 115,807**	**$ 46,876**	**$ 3,706**	**$ 133**	**$ 4,427**	**$ 31,615**	**$ 1,916,276**	**$ 7,941,743**	**$ 6,025,467**	**24.1%**
WIA Youth Contracts	$ -	$ -	$ 36,609	$ -	$ -	$ -		$ 267,801	$ 1,177,017	$ 909,216	22.8%
Salaries and Benefits	$ 21,167	$ 23,210	$ 5,504	$ 2,599	$ 94	$ -	$ 11,644	$ 846,238	$ 2,828,229	$ 1,981,991	29.9%
Contract Labor	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,640	$ 242,956	$ 222,316	8.5%
Internship	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Incentives/Stipends	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,525	$ 17,300	$ 14,775	14.6%
Support Services/ Participants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,954	$ 103,493	$ 98,539	4.8%
Training-TAA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,588	$ 18,588	0.0%
Training-ITA/OST	$ 52,750	$ 14,750	$ -	$ -	$ -	$ -	$ -	$ 162,199	$ 572,479	$ 410,280	28.3%
Training-OJT	$ -	$ 46,922	$ -	$ -	$ -	$ -	$ -	$ 130,541	$ 505,989	$ 375,448	25.8%
Training-Cust./Employed Worker	$ 19,628	$ 15,688	$ -	$ -	$ -	$ -	$ -	$ 49,565	$ 7,778	$ (41,787)	637.3%
WEX/ Internships/ Participant Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 141,397	$ 141,397	0.0%
Travel	$ 488	$ 502	$ -	$ 30	$ 0	$ -	$ 1,788	$ 17,719	$ 34,445	$ 16,726	51.4%
One Stop Shared Costs	$ 3,312	$ 3,501	$ -	$ 853	$ 31	$ -	$ 3,070	$ 228,514	$ 572,758	$ 344,244	39.9%
Other Operating Expenses	$ 3,602	$ 4,239	$ 2,068	$ 27	$ 0	$ 4,097	$ 13,153	$ 185,535	$ 1,719,314	$ 1,533,779	10.8%
Allocated Program Indirect	$ 5,918	$ 6,995	$ 2,694	$ 198	$ 8	$ 330	$ 1,959	$ 45	$ 0	$ -	
Reclassification	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 0	$ -	$ (0)	
Total Expenditures	**$ 119,036**	**$ 128,273**	**$ 50,617**	**$ 4,052**	**$ 144**	**$ 4,866**	**$ 34,775**	**$ 2,077,524**	**$ 8,511,265**	**$ 6,433,741**	**24.4%**
Funding Over/(under) expenditures	**$ (4,171)**	**$ 3,098**	**$ 6,066**	**$ 1,158**	**$ 341**	**$ 5,134**	**$ 15,392**	**$ 205,490**			
YTD % of Budgeted Funds Expended	**25.46%**	**32.06%**	**12.04%**	**1.15%**	**0.77%**	**2.26%**		**24.41%**			
Comments											

LWDB 20
Summary of Funding and Expenditures
November 30, 2018

PY 18-19 TOTAL AVAILABLE FUNDING	INDIRECT	ADULT	DW	YOUTH	WTP	RA (UC)	SNAP	WP	TAA	LVER	DVOP	CBSS	Supp WIOA State	FY 16-17 PI WIOA	FY 16-17 PI WP
PY 18-19 Allocations		$ 1,395,936	$ 989,369	$ 1,250,430	$ 1,050,719	$ 23,730	$ 161,286	$ 869,146	$ 69,626	$ 144,536	$ 202,362	$ 95,923	$ 127,562	$ 733,348	$ 125,141
PY 18-19 Supplemental		$ -	$ 304,295	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrestricted Funds Earned this year		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Additional Funds		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Retained by DEO for Merit Salaries		$ -	$ -	$ -	$ -	$ -	$ -	$ (488,670)	$ (22,973)	$ (96,424)	$ (130,402)	$ -	$ -	$ -	$ -
Carryforward to PY 19-20		$ -	$ (195,738)	$ (293,076)	$ -	$ (4,200)	$ (41,000)	$ (199,329)	$ (22,918)	$ -	$ -	$ -	$ -	$ -	$ -
Carryforward		$ -	$ 232,735	$ 102,700	$ -	$ 4,358	$ 41,458	$ 131,547	$ -	$ 10,970	$ 516	$ -	$ -	$ -	$ -
TOTAL	**$ -**	**$ 1,395,936**	**$ 1,330,661**	**$ 1,060,054**	**$ 1,050,719**	**$ 23,888**	**$ 161,744**	**$ 312,694**	**$ 23,735**	**$ 59,082**	**$ 72,475**	**$ 95,923**	**$ 127,562**	**$ 733,348**	**$ 125,141**
FUNDING DRAWN DOWN YTD	**INDIRECT**	**ADULT**	**DW**	**YOUTH**	**WTP**	**RA (UC)**	**SNAP**	**WP**	**TAA**	**LVER**	**DVOP**	**CBSS**	**Supp WIOA State**	**FY 16-17 PI WIOA**	**FY 16-17 PI WP**
PY 18-19 Allocations		**$ 697,968**	**$ 42,464**	**$ 260,991**	**$ 292,684**	**$ 4,358**	**$ 86,737**	**$ 275,466**	**$ 17,001**	**$ 13,168**	**$ 30,657**	**$ 73,730**	**$ 127,562**	**$ 247,119**	**$ 25,000**
PY 18-19 Supplemental		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Retained by DEO for Merit Salaries		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Unrestricted Funds Earned this year		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Additional funds/Carryforward to PY 19-20		**$ -**	**$ -**	**$ 200**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Carryforward		**$ -**	**$ 232,735**	**$ 102,700**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL		**$ 697,968**	**$ 275,199**	**$ 363,891**	**$ 292,684**	**$ 4,358**	**$ 86,737**	**$ 275,466**	**$ 17,001**	**$ 13,168**	**$ 30,657**	**$ 73,730**	**$ 127,562**	**$ 247,119**	**$ 25,000**
% of Total Budgeted Funding Received		**50.00%**	**20.68%**	**34.33%**	**27.86%**	**18.24%**	**53.63%**	**88.09%**	**71.63%**	**22.29%**	**42.30%**	**76.86%**	**100.00%**	**33.70%**	**19.98%**
EXPENDITURES															
Administrative	**$ (7,265)**	**$ 46,459**	**$ 18,289**	**$ 8,810**	**$ 28,731**	**$ 252**	**$ 10,150**	**$ 26,074**	**$ 55**	**$ 620**	**$ 1,188**	**$ 3,091**	**$ 11,687**	**$ 22,594**	**$ 100**
Salaries and Benefits	$ 116,530	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ 11,871	$ -
General and Administrative	$ 79,903	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ 350	$ -
Allocated Indirect Costs	$ (203,698)	$ 86,171	$ 11,664	$ 8,810	$ 28,731	$ 252	$ 10,150	$ 4,674	$ 55	$ 620	$ 1,188	$ 3,091	$ -	$ 10,373	$ 100
Reclassification		$ (39,712)	$ 6,625	$ -	$ -	$ -		$ 21,400	$ -	$ -	$ -	$ -	$ 11,687	$ -	$ -
Travel		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Program Training	**$ (7,135)**	**$ 651,509**	**$ 191,993**	**$ 378,706**	**$ 306,956**	**$ 7,799**	**$ 106,151**	**$ 141,183**	**$ 1,369**	**$ 13,236**	**$ 24,953**	**$ 29,840**	**$ 115,875**	**$ 105,126**	**$ 962**
WIA Youth Contracts		$ -	$ -	$ 296,703	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Salaries and Benefits	$ 97,833	$ 474,528	$ 80,300	$ 29,858	$ 194,354	$ -	$ 65,409	$ 16,585	$ 170	$ 1,532	$ 2,858	$ -	$ -	$ 90,949	$ -
Contract Labor	$ -	$ 5,987	$ 3,201	$ 3,534	$ 15,381	$ -	$ 8,443	$ 243	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Internship		$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Incentives/Stipends		$ -	$ -	$ -	$ 2,975	$ -	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Support Services/ Participants		$ 1,270	$ -	$ -	$ 1,725	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,888	$ -	$ -	$ -
Training-TAA		$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training-ITA/OST		$ 69,860	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,839	$ -	$ -	$ -
Training-OJT		$ 92,030	$ 1,885	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training-Cust./Employed Worker		$ 21,686	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
WEX/ Internships/ Participant Wages		$ -	$ 416	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Travel	$ 2,743	$ 5,152	$ 1,866	$ 938	$ 2,956	$ -	$ 1,057	$ 711	$ 1	$ 11	$ 969	$ -	$ -	$ -	$ -
One Stop Shared Costs		$ 105,489	$ 19,220	$ -	$ 48,794	$ 7,641	$ 17,661	$ 48,936	$ 1,162	$ 376	$ 19,247	$ -	$ -	$ -	$ -
Other Operating Expenses	$ 18,618	$ 62,055	$ 9,780	$ 41,895	$ 22,799	$ -	$ 7,609	$ 15,776	$ 1	$ 10,944	$ 1,150	$ -	$ -	$ 6,298	$ 894
Allocated Program Indirect	$ (126,329)	$ 53,535	$ 7,167	$ 5,778	$ 17,972	$ 157	$ 5,971	$ 2,882	$ 36	$ 372	$ 730	$ 2,113	$ -	$ 7,880	$ 68
Reclassification		**$ (240,083)**	**$ 68,158**	$ -	$ -	$ -	$ -	$ 56,050	$ -	$ -	$ -	$ -	$ 115,875	$ -	$ -
Total Expenditures	**$ (14,399)**	**$ 697,968**	**$ 210,283**	**$ 387,516**	**$ 335,687**	**$ 8,050**	**$ 116,300**	**$ 167,257**	**$ 1,424**	**$ 13,856**	**$ 26,141**	**$ 32,932**	**$ 127,562**	**$ 127,720**	**$ 1,062**
Funding Over/(under) expenditures	**$ 14,399**	**$ -**	**$ 64,917**	**$ (23,625)**	**$ (43,002)**	**$ (3,692)**	**$ (29,563)**	**$ 108,209**	**$ 15,577**	**$ (688)**	**$ 4,515**	**$ 40,798**	**$ 0**	**$ 119,399**	**$ 23,938**
YTD % of Budgeted Funds Expended		**50.00%**	**15.80%**	**36.56%**	**31.95%**	**33.70%**	**71.90%**	**53.49%**	**6.00%**	**23.45%**	**36.07%**	**34.33%**	**100.00%**	**17.42%**	**0.85%**
Comments															

LWDB 20
Summary of Funding and Expenditures
November 30, 2018

PY 18-19 TOTAL AVAILABLE FUNDING	Pthways to Prosperity Pre-Appren	SSI Manufacturing Apprentice	Youth Build	FATES	Gov Chal Maria	SOS Youth	OTHER Non NFA	YEAR TO DATE TOTALS		
PY 18-19 Allocations	$ 467,552	$ 400,095	$ 420,555	$ 353,338	$ 18,635	$ -			$ 8,899,288	
PY 18-19 Supplemental	$ -	$ -	$ -	$ -	$ -				$ 304,295	
Unrestricted Funds Earned this year	$ -	$ -	$ -	$ -	$ -		$ 63,126		$ 63,126	
Additional Funds	$ -	$ -	$ -	$ -	$ -	$ 215,003			$ 215,003	
Retained by DEO for Merit Salaries	$ -	$ -	$ -	$ -	$ -				$ (738,469)	
Carryforward to PY 19-20	$ -	$ -	$ -	$ -	$ -				$ (756,261)	
Carryforward	$ -	$ -	$ -	$ -	$ -				$ 524,284	
TOTAL	**$ 467,552**	**$ 400,095**	**$ 420,555**	**$ 353,338**	**$ 18,635**	**$ 215,003**	**$ 63,126**	**$ -**	**$ 8,511,267**	

FUNDING DRAWN DOWN YTD	PP Appren	Manuf Appren	Youth Build	FATES	Gov Chal Maria	SOS Youth	OTHER Non NFA	PY 18-19 Actual	PY 18-19 Budget	VARIANCE	% Expended
PY 18-19 Allocations	**$ 139,865**	**$ 181,371**	**$ 56,683**	**$ 6,210**	**$ 485**	**$ -**	**$ -**	**$ 2,579,519**	**$ 8,899,288**	**$ 6,319,770**	**28.986%**
PY 18-19 Supplemental		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 304,295**	**$ 304,295**	**0.000%**
Retained by DEO for Merit Salaries	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ (738,469)**		
Unrestricted Funds Earned this year	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 53,950**	**$ 53,950**	**$ 278,129**	**$ 224,179**	**19.397%**
Additional funds/Carryforward to PY 19-20	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 10,000**	**$ -**	**$ 10,200**	**$ (756,261)**	**$ (766,461)**	
Carryforward	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 335,435**	**$ 524,284**	**$ 188,849**	**63.980%**
TOTAL	**$ 139,865**	**$ 181,371**	**$ 56,683**	**$ 6,210**	**$ 485**	**$ 10,000**	**$ 53,950**	**$ 2,979,104**	**$ 8,511,267**	**$ 5,532,163**	**35.002%**
% of Total Budgeted Funding Received	**29.91%**	**45.33%**	**13.48%**	**1.76%**	**2.60%**						

EXPENDITURES								PY 18-19 Actual	PY 18-19 Budget	VARIANCE Under/(Over)	% Expended
Administrative	**$ 14,630**	**$ 14,603**	**$ 3,990**	**$ 769**	**$ 11**	**$ 439**	**$ 3,376**	**$ 208,654**	**$ 569,523**	**$ 360,868**	**36.64%**
Salaries and Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 128,401	$ 373,408	$ 245,006	34.386%
General and Administrative	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 80,253	$ 151,125	$ 70,872	53.104%
Allocated Indirect Costs	$ 14,630	$ 14,603	$ 3,990	$ 769	$ 11	$ 439	$ 3,376	$ 0	$ 134,728	$ 134,728	0.000%
Reclassification	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Program Training	**$ 131,933**	**$ 137,068**	**$ 54,274**	**$ 8,283**	**$ 133**	**$ 4,427**	**$ 33,270**	**$ 2,437,911**	**$ 7,941,743**	**$ 5,503,832**	**30.7%**
WIA Youth Contracts	$ -	$ -	$ 41,370	$ -	$ -	$ -		$ 338,073	$ 1,177,017	$ 838,944	28.7%
Salaries and Benefits	$ 33,028	$ 30,327	$ 7,683	$ 6,050	$ 94	$ -	$ 12,868	$ 1,144,425	$ 2,828,229	$ 1,683,804	40.5%
Contract Labor	$ -	$ -	$ -	$ 74	$ -	$ -	$ -	$ 36,864	$ 242,956	$ 206,092	15.2%
Internship	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Incentives/Stipends	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,975	$ 17,300	$ 14,325	17.2%
Support Services/ Participants	$ 813	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,697	$ 103,493	$ 96,796	6.5%
Training-TAA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,588	$ 18,588	0.0%
Training-ITA/OST	$ 54,750	$ 14,750	$ -	$ -	$ -	$ -	$ -	$ 164,199	$ 572,479	$ 408,280	28.7%
Training-OJT	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 93,915	$ 285,189	$ 191,273	32.9%
Training-Cust./Employed Worker	$ 19,628	$ 15,688	$ -	$ -	$ -	$ -	$ -	$ 57,003	$ 7,778	$ (49,225)	732.9%
WEX/ Internships/ Participant Wages	$ 6,447	$ 58,395	$ -	$ -	$ -	$ -	$ -	$ 65,258	$ 362,197	$ 296,939	18.0%
Travel	$ 512	$ 511	$ 21	$ 42	$ 0	$ -	$ 2,052	$ 19,541	$ 34,445	$ 14,904	56.7%
One Stop Shared Costs	$ 4,834	$ 4,034	$ -	$ 1,607	$ 31	$ -	$ 2,833	$ 281,865	$ 572,758	$ 290,894	49.2%
Other Operating Expenses	$ 4,371	$ 4,949	$ 2,385	$ 32	$ 0	$ 4,097	$ 13,489	$ 227,142	$ 1,719,314	$ 1,492,172	13.2%
Allocated Program Indirect	$ 7,550	$ 8,414	$ 2,815	$ 479	$ 8	$ 330	$ 2,027	$ (45)	$ 0	$ -	
Reclassification	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (0)	$ -	$ 0	
Total Expenditures	**$ 146,563**	**$ 151,671**	**$ 58,263**	**$ 9,052**	**$ 144**	**$ 4,866**	**$ 36,646**	**$ 2,646,565**	**$ 8,511,265**	**$ 5,864,700**	**31.1%**
Funding Over/(under) expenditures	**$ (6,697)**	**$ 29,699**	**$ (1,581)**	**$ (2,842)**	**$ 341**	**$ 5,134**	**$ 17,303**	**$ 332,539**			
YTD % of Budgeted Funds Expended	**31.35%**	**37.91%**	**13.85%**	**2.56%**	**0.77%**	**2.26%**		**31.09%**			
Comments											

CareerSource RESEARCH COAST

AGENDA ITEM #4

AGENDA ITEM SUMMARY

TITLE:	Number of Youth Council Meetings
STRATEGIC GOAL:	Optimal Use of Resources
POLICY/PLAN/LAW:	Workforce Innovation and Opportunity Act (WIOA)/CareerSource Florida
ACTION REQUESTED:	Review and approve the CareerSource Resource Coast staff recommendation to reduce the number of Youth Council meetings to four (4) per program year.
BACKGROUND:	The purpose of the CareerSource Research Coast Youth Council is to help plan for, raise the visibility of and oversee our workforce development youth activities and services for youth ages 16-24 in Indian River, Martin and St. Lucie Counties. The Youth Council also serves as a forum for discussing youth related community issues and create connections and partnerships between all the youth development and training entities in our three counties to address these issues.
STAFF RECOMMENDATION:	Youth Council meetings be reduced to four (4) meetings per program year.
SUPPORTING MATERIAL:	None
BOARD STAFF:	Glenda Harden, Senior Vice President of Operations/COO gharden@careersourcerc.com; (866) 482-4473 ext. 427

CareerSource RESEARCH COAST

AGENDA ITEM #5

AGENDA ITEM SUMMARY

TITLE:	Related Party Transactions
STRATEGIC GOAL:	Optimal Use of Resources
POLICY/PLAN/LAW:	Workforce Innovation & Opportunity Act: Role of Local Workforce Boards
ACTION REQUESTED:	None, Information Only
BACKGROUND:	A Related Party Transaction Policy was approved by the Board. The Policy was developed to provide guidance to the Board and staff on related party transactions so as to avoid conflicts of interest and maintain transparency. When there are new transactions, the list will be reviewed by the Executive Committee, and action taken when necessary, before it is included in the Board's meeting agenda so that questions or concerns can be discussed and resolved prior to the Board meeting. Retail purchases, utility costs, staff employee contracts and membership fees to professional organizations are an exemption under this rule. For all other related party transactions, the affected Board Member must declare a conflict of interest, verbally and in writing, prior to the agenda item regarding the transaction, and refrain from discussion or vote on the transaction. A list of Related Party Transactions is attached for Committee information.
.	
STAFF RECOMMENDATION:	Review and Approve
SUPPORTING MATERIALS:	Related Party Transaction Report
BOARD STAFF:	Brian Bauer, President/Chief Executive Officer bbauer@careersourcerc.com 866-482-4473, ext. 418

Board Member Related Transactions Form - 2018/2019

Date	Vendor	Party	Description	Purpose	Expense	State of Florida Approved Vendor	Low Bid	Comments
PY 18-19	Treasure Coast Technical College	Dr. Mark Rendell	2012.05.24.A.2 State and Local Workforce Development Board Contracting Conflict of Interest Policy with exemption to the prohibition to allow the workforce boards to provide statutorily-mandated services.	Approved training provider	Not to exceed $75,000	n/a	n/a	A contract with a board member receiving a grant for workforce services under federal, state or other governmental workforce programs.

CONTRACT INFORMATION FORM

This form is to seek approval of a contract valued at $25,000 or more involving a conflict of interest of board members or employees. All requested information is required. Failure to provide complete information may result in disapproval of the contract.

I, Robert Cenk, hereby certify the following information regarding a contract that was approved by a two-thirds (2/3) vote of a quorum of CareerSource Research Coast (local board) and will be executed and implemented immediately after approval by CareerSource Florida.

Identification of all parties to the contract: Treasure Coast Technical College

Contractor Name & Address: 1426 19th Street, Vero Beach, FL 32960

Contractor Contact Phone Number: 772-564-4960

Contract Number or Other Identifying Information, if any: N/A

Contract Term: PY 18 - 19

Value of the Contract/Renewal/Extension: Not to exceed $75,000

Description of goods and/or services to be procured: Approved training provider

Name of board member or employee whose conflict of interest required the board's approval of the contract by two-thirds (2/3) vote: _____

The nature of the conflicting interest in the contract: Financial gain to the parent organization

The board member with the conflict of interest ___did ___did not (check one) attend the meeting at which the board voted to approve the contract.

I further attest that the following is being provided with this form:

- A certified board membership roster listing all members on the board at the time of the vote on the approval of the contract with a vote tally indicating attendance or absence at the meeting and for those in attendance, the affirmative and negative votes and abstentions for each member.
- Consistent with the procedures outlined in section 112.3143, Florida Statutes, the dated and executed conflict of interest form that was submitted at or before the board meeting in which a voted related to the contract took place, for board member(s)/employee(s) who have any relationship with the contracting vendor (as defined in paragraph I(f) of the CSF contracting policy).

I certify that the information above is true and correct.

_____ Robert Cenk

Signature of Board Chair / Vice Chair* Print Name

_____

Date

* Must be certified and attested to by the board's Chair or Vice Chair.

DISCLOSURE AND CERTIFICATION OF CONFLICT OF INTEREST IN A CONTRACT

I, Christie Shields, a board member / an employee of the board (circle one) hereby disclose that:

I, myself / my employer / my business / my organization/ OR "Other" (describe) Treasure Coast Technical College (circle one or more) could benefit financially from the contract described below:

Local Workforce Development Board: CareerSource Research Coast

Contractor Name & Address: Treasure Coast Technical College ,1426 19th Street, Vero Beach, FL 3290

Contractor Contact Phone Number: 772-564-4970

Description or Nature of Contract: Approved training provider

Description of Financial Benefit*: Financial gain to organization

For purposes of the above contract the following disclosures are made:

The contractor's principals**/owners***: (check one)

_____ have no relative who is a member of the board; OR
_____ have a relative who is a member of the board, whose name is: _____

The contractor's principals**/owners*** ___is ___is not (check one) a member of the board. If applicable, the principal's/owner's name is: _____

_____
Signature of Board Member/Employee

Christie Shields
Print Name

_____
Date

* "Benefit financially from a contract" means the special private financial gain to a member, a special private financial gain to any principal which retains the member, the special private financial gain of the parent organization or subsidiary of a corporate principal which retains the member or the special private financial gain to any member's relatives or business associate or to a board employee and such benefit is not remote or speculative.

** "Principal" means an owner or high-level management employee with decision-making authority.
*** "Owner" means a person having any ownership interest in the contractor.

NOTICE: CONFLICTS OF INTEREST REGARDING BOARD MEMBERS AND BOARD EMPLOYEES MUST BE DISCLOSED PRIOR TO THE BOARD'S VOTING TO APPROVE THE CONTRACT; BOARD MEMBERS WHO BENEFIT FINANCIALLY OR WHO HAVE A RELATIONSHIP WITH THE CONTRACTING VENDOR MUST ABSTAIN FROM THE VOTE, AND THE CONTRACT MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE BOARD WHEN A QUORUM HAS BEEN ESTABLISHED. COMPLETION OF THIS FORM DOES NOT IN ANY WAY SUPERCEDE OR SUBSTITUTE FOR COMPLIANCE WITH CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS OF SECTION 112.3143, F.S. OR SECTION 101(f), WIOA.

CareerSource RESEARCH COAST

AGENDA ITEM #6

AGENDA ITEM SUMMARY

TITLE: 2017 990 Tax Return Form

STRATEGIC GOAL: Optimal Use of Resources

POLICY/PLAN/LAW: Workforce Investment Act: Role of Local Workforce Boards

ACTION REQUESTED: Review the 2017 990 Form Tax Return

BACKGROUND: The Federal Form 990 (Return of Organization Exempt from Income Tax) is designed to provide:

- transparency of activities;
- a realistic picture of the organization and its operation;
- a basis for comparing the organization to similar organizations; and
- tax compliance.

Our Form 990 consists of a core form and supplemental schedules. There are questions concerning Board governance and policies and the IRS strongly recommends that all voting members of the governing body receive a copy of the organization's final Form 990 prior to its filing.

STAFF RECOMMENDATION: None, Information Only

SUPPORTING MATERIALS: 2017 990 Tax Return Form

BOARD STAFF: Brian Bauer, President/CEO
bbauer@careersourcerc.com 866-482-4473 ext. 418

EXTENDED TO MAY 15, 2019

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Doing business as CAREER SOURCE RESEARCH COAST

Number and street (or P.O. box if mail is not delivered to street address) 584 N.W. UNIVERSITY BLVD.

Room/suite 100

City or town, state or province, country, and ZIP or foreign postal code
PORT ST. LUCIE, FL 34986

F Name and address of principal officer: BRIAN BAUER
SAME AS C ABOVE

D Employer identification number
65-0054673

E Telephone number
772-335-3030

G Gross receipts $ 7,219,010.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CAREERSOURCERC.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	55
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,811,045.	7,130,140.
	9	Program service revenue (Part VIII, line 2g)	62,589.	88,809.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48.	61.
	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)	6,873,682.	7,219,010.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	972,123.	898,785.
	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)	3,277,627.	2,976,475.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,786,321.	3,273,937.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,036,071.	7,149,197.
	19	Revenue less expenses. Subtract line 18 from line 12	-162,389.	69,813.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	999,998.	1,214,845.
	21	Total liabilities (Part X, line 26)	640,642.	785,676.
	22	Net assets or fund balances. Subtract line 21 from line 20	359,356.	429,169.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ BRIAN BAUER, PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JAMES A. HALLERAN	JAMES A. HALLERAN	01/07/19	☐	P00005496

Firm's name ▶ JAMES MOORE & CO., P.L. — Firm's EIN ▶ 59-3204548

Firm's address ▶ 121 EXECUTIVE CIR, DAYTONA BEACH, FL 32114-1180 — Phone no. 386-257-4100

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 X

1 Briefly describe the organization's mission:
THE MISSION OF THE WORKFORCE BOARD OF THE TREASURE COAST IS TO BUILD AN INTEGRATED WORKFORCE DEVELOPMENT SYSTEM FOR JOBSEEKERS AND EMPLOYERS BY ANALYZING LABOR MARKET NEEDS, EFFECTIVELY AND EFFICIENTLY COORDINATING THE DELIVERY RESOURCES, PROGRAMS AND SERVICES, AND

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 X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,121,423. including grants of $) (Revenue $)
WIOA ADULT: THESE FUNDS ARE PROVIDED UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT TO ESTABLISH PROGRAMS TO PREPARE UNSKILLED ADULTS FOR ENTRY INTO THE LABOR FORCE AND TO AFFORD JOB TRAINING TO THOSE ECONOMICALLY DISADVANTAGED INDIVIDUALS AND OTHER INDIVIDUALS FACING SERIOUS BARRIERS TO EMPLOYMENT WHO ARE IN SPECIAL NEED OF SUCH TRAINING TO OBTAIN PRODUCTIVE EMPLOYMENT.

4b (Code:) (Expenses $ 955,503. including grants of $ 807,812.) (Revenue $)
WIOA YOUTH: THESE FUNDS ARE PROVIDED UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT TO ASSIST IN PROVIDING HIGH QUALITY SERVICES FOR YOUTH AND YOUNG ADULTS BEGINNING WITH CAREER EXPLORATION AND GUIDANCE, CONTINUED SUPPORT FOR EDUCATIONAL ATTAINMENT, OPPORTUNITIES FOR SKILLS TRAINING IN IN-DEMAND INDUSTRIES AND OCCUPATIONS, AND CULMINATING WITH A GOOD JOB ALONG A CAREER PATHWAY OR ENROLLMENT IN POST-SECONDARY EDUCATION.

4c (Code:) (Expenses $ 889,970. including grants of $) (Revenue $)
WELFARE TRANSITION: THIS IS THE STATE OF FLORIDA'S WELFARE REFORM LEGISLATION. THE WELFARE TRANSITION PROGRAM PROVIDES EMPLOYMENT, TRAINING AND EDUCATIONAL SERVICES AS WELL AS CHILDCARE AND OTHER SUPPORTIVE SERVICES. THIS PROGRAM ASSISTS IN THE TRANSITION FROM PUBLIC ASSISTANCE TO EMPLOYMENT.

4d Other program services (Describe in Schedule O.)
(Expenses $ 2,605,038. including grants of $ 90,973.) (Revenue $ 88,809.)

4e Total program service expenses ▶ 6,571,934.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	55		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	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?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

LISA DELLIGATTI - 772-335-3030

584 N.W. UNIVERSITY BLVD., NO. 100, PORT ST LUCIE, FL 34986

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WERNER BOLS DIRECTOR	1.00	X						0.	0.	0.
(2) PAMELA BURCHELL VICE CHAIR	1.00	X		X				0.	0.	0.
(3) HELENE CASELTINE DIRECTOR	1.00	X						0.	0.	0.
(4) ROBERT CENK CHAIR	1.00	X		X				0.	0.	0.
(5) SUZANNE DESPOSATI DIRECTOR	1.00	X						0.	0.	0.
(6) CARROL FRISCHKORN DIRECTOR	1.00	X						0.	0.	0.
(7) WAYNE GENT DIRECTOR	1.00	X						0.	0.	0.
(8) PAMELA HOUGHTEN TREASURER	2.00	X		X				0.	0.	0.
(9) PETER KEMP DIRECTOR	1.00	X						0.	0.	0.
(10) EDWIN MASSEY DIRECTOR	1.00	X						0.	0.	0.
(11) SEAN P. MITCHELL DIRECTOR	2.00	X						0.	0.	0.
(12) TERRANCE MOORE DIRECTOR	1.00	X						0.	0.	0.
(13) DEBBIE PEREZ DIRECTOR	1.00	X						0.	0.	0.
(14) WALDO TAMES DIRECTOR	1.00	X						0.	0.	0.
(15) WAYNE TEEGARDIN DIRECTOR	1.00	X						0.	0.	0.
(16) PETE TESCH DIRECTOR	1.00	X						0.	0.	0.
(17) MADDIE WILLIAMS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY BONNA	1.00									
DIRECTOR		X						0.	0.	0.
(19) DAVID FREELAND	1.00									
DIRECTOR		X						0.	0.	0.
(20) LESLIE KRISTOF	1.00									
DIRECTOR		X						0.	0.	0.
(21) JEANNIE MCCALL	1.00									
DIRECTOR		X						0.	0.	0.
(22) MARK RENDELL	1.00									
DIRECTOR		X						0.	0.	0.
(23) ANGELLA WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
(24) KURT RILEY - UNTIL 4/2018	1.00									
DIRECTOR		X						0.	0.	0.
(25) LAURIE GAYLORD -UNTIL 6/30/2018	1.00									
DIRECTOR		X						0.	0.	0.
(26) LISA DELLIGATTI	40.00									
CFO				X				80,833.	0.	12,584.
1b Sub-total ▶								80,833.	0.	12,584.
c Total from continuation sheets to Part VII, Section A ▶								230,656.	0.	28,085.
d Total (add lines 1b and 1c) ▶								311,489.	0.	40,669.

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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BRIAN BAUER PRESIDENT/CEO	40.00			X				120,457.	0.	14,306.
(28) GLENDA HARDEN SVP/COO	40.00			X				110,199.	0.	13,779.
Total to Part VII, Section A, line 1c								230,656.		28,085.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,129,640.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	500.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f			7,130,140.			
Program Service Revenue		**Business Code**					
	2a WORK CERTIFIED TRAININ	624310		48,182.	48,182.		
	b EMPLOYMENT EVENTS/MISC	624310		40,627.	40,627.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			88,809.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			61.			61.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions.			7,219,010.	88,809.	0.	61.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	898,785.	898,785.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	358,195.	51,386.	306,809.	
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	1,970,321.	1,942,573.	27,748.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,304.	57,808.	496.	
9 Other employee benefits	392,805.	379,239.	13,566.	
10 Payroll taxes	196,850.	174,099.	22,751.	
11 Fees for services (non-employees):				
a Management				
b Legal	14,132.		14,132.	
c Accounting	24,180.		24,180.	
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.)	1,019,363.	992,130.	27,233.	
12 Advertising and promotion	73,429.	64,885.	8,544.	
13 Office expenses	106,854.	98,219.	8,635.	
14 Information technology	130,617.	117,731.	12,886.	
15 Royalties				
16 Occupancy	668,891.	628,425.	40,466.	
17 Travel	48,163.	32,539.	15,624.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,285.	2,664.	2,621.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,670.		24,670.	
23 Insurance	54,834.	42,621.	12,213.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING	418,583.	418,583.		
b TRAINING ITA	333,377.	333,377.		
c EQUIPMENT & EQUIP LEASI	135,013.	127,048.	7,965.	
d REPAIRS, MAINTENANCE &	104,890.	101,970.	2,920.	
e All other expenses	111,656.	107,852.	3,804.	
25 **Total functional expenses.** Add lines 1 through 24e	7,149,197.	6,571,934.	577,263.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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		79,177.	1	32,379.
	2	Savings and temporary cash investments		529,547.	2	513,679.
	3	Pledges and grants receivable, net		58,270.	3	293,407.
	4	Accounts receivable, net		7,929.	4	4,378.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		109,777.	9	151,362.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 805,101.			
	b	Less: accumulated depreciation	10b 614,861.	181,652.	10c	190,240.
	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		33,646.	15	29,400.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		999,998.	16	1,214,845.
Liabilities	17	Accounts payable and accrued expenses		422,299.	17	467,676.
	18	Grants payable			18	
	19	Deferred revenue		218,343.	19	318,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		640,642.	26	785,676.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		177,704.	30	238,929.
	31	Paid-in or capital surplus, or land, building, or equipment fund		181,652.	31	190,240.
	32	Retained earnings, endowment, accumulated income, or other funds		0.	32	0.
	33	Total net assets or fund balances		359,356.	33	429,169.
	34	Total liabilities and net assets/fund balances		999,998.	34	1,214,845.

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	7,219,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,149,197.
3	Revenue less expenses. Subtract line 2 from line 1	3	69,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	359,356.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	429,169.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	65-0054673

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8773143.	8191966.	7873644.	6811045.	7130140.	38779938.
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	8773143.	8191966.	7873644.	6811045.	7130140.	38779938.
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.						38779938.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	8773143.	8191966.	7873644.	6811045.	7130140.	38779938.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	50.	45.	46.	48.	61.	250.
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.)						
11 **Total support.** Add lines 7 through 10						38780188.

12 Gross receipts from related activities, etc. (see instructions)	12	426,161.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number
65-0054673

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

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

Name of organization
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number
65-0054673

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	U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVENUE, N.W. WASHINGTON, DC 20210	$ 5,702,623.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	$ 974,260.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20250	$ 174,686.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	65-0054673

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

Name of organization	Employer identification number
WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	65-0054673

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

2017

Open to Public Inspection

Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number 65-0054673

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		217,856.	84,580.	133,276.
d Equipment		139,859.	92,956.	46,903.
e Other		447,386.	437,325.	10,061.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				190,240.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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	7,219,010.
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	7,219,010.
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	7,219,010.

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	7,149,197.
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	7,149,197.
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	7,149,197.

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 OF THE ORGANIZATION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE ORGANIZATION MET THE REQUIREMENTS TO MAINTAIN ITS TAX EXEMPT STATUS AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number 65-0054673

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ECKERD YOUTH ALTERNATIVES, INC. 100 STARCREST DRIVE CLEARWATER, FL 33765	59-2551416	501(C)(3)	898,785.	0.			WIOA YOUTH; YOUTH BUILD - BUILDING FORT PIERCE

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

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2017)**

732101 11-01-17

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

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:

THE ORGANIZATION CONTRACTS WITH A CPA FIRM TO PERFORM INTERNAL MONITORING REVIEW OF ALL GRANTS AT LEAST ONCE ANNUALLY. IN ADDITION, THE PROGRAM STAFF PERFORMS INTERNAL MONITORING ON A REGULAR BASIS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number: 65-0054673

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

THE MISSION OF THE WORKFORCE BOARD OF THE TREASURE COAST IS TO BUILD AN INTEGRATED WORKFORCE DEVELOPMENT SYSTEM FOR JOBSEEKERS AND EMPLOYERS BY ANALYZING LABOR MARKET NEEDS, EFFECTIVELY AND EFFICIENTLY COORDINATING THE DELIVERY RESOURCES, PROGRAMS AND SERVICES, AND EVALUATING THE RESULTS FOR ACCOUNTABILITY.

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

EVALUATING THE RESULTS FOR ACCOUNTABILITY.

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

NDWG HURRICANE IRMA

EXPENSES $ 893,491. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

WIOA DISLOCATED WORKERS

EXPENSES $ 362,713. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

SLC-BOCC SUMMER YOUTH GRANT

EXPENSES $ 238,207. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

WAGNER PEYSER

EXPENSES $ 228,306. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

EXPENSES $ 159,520. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number 65-0054673

COMMUNITY SECTOR STRATEGY TRAINING INITIATIVE

EXPENSES $ 141,233. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

NEW WORK CERTIFIED

EXPENSES $ 69,573. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

DVOP

EXPENSES $ 64,411. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

LVER

EXPENSES $ 40,678. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

TRADE ADJ ASSISTANCE II

EXPENSES $ 36,749. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

WP7B 17-18 CO-OP OUTREACH

EXPENSES $ 33,717. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

DLW REACT - LIBERTY

EXPENSES $ 28,032. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

REEMPLOYMENT ASSISTANCE PROGRAM

EXPENSES $ 25,941. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

WAGNER PEYSER-INCENTIVES

EXPENSES $ 20,832. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

OTHER MISCELLANEOUS PROGRAM EXPENSES

Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number 65-0054673

EXPENSES $ 261,635. INCLUDING GRANTS OF $ 90,973. REVENUE $ 88,809.

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

THE COMPLETED FORM 990 WILL BE REVIEWED BY THE EXECUTIVE COMMITTEE AND SENT TO THE ENTIRE BOARD PRIOR TO FILING THE RETURN.

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

ALL POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED. IT IS NOT PERMISSABLE FOR ANY BOARD MEMBER TO VOTE ON A DECISION WHERE THERE IS A POTENTIAL CONFLICT OF INTEREST. THEY ARE REQUIRED TO DISCLOSE CONFLICTS AND ARE PROHIBITED FROM VOTING AND PARTICIPATING ON THE ISSUE AT HAND. THEY ARE ALSO REQUIRED TO FILE A MEMORANDUM OF VOTING CONFLICT.

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

CEO/EXECUTIVE DIRECTOR: PARILLA AND ASSOCIATES PERFORMS A SALARY SURVEY EACH YEAR FOR THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION. EVERY THREE YEARS THE BOARD RE-EXAMINES THE SALARY RANGES FOR BOARD EMPLOYEES AND COMPARES THOSE RANGES WITH THE PARILLA SURVEY AND OTHER LABOR MARKET INFORMATION.

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR/SERVICES:

PROGRAM SERVICE EXPENSES	115,507.
MANAGEMENT AND GENERAL EXPENSES	1,240.
FUNDRAISING EXPENSES	0.

Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

Employer identification number 65-0054673

TOTAL EXPENSES	116,747.
PARTICIPANT WAGES:	
PROGRAM SERVICE EXPENSES	733,344.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	733,344.
CUSTODIAL SERVICES:	
PROGRAM SERVICE EXPENSES	61,654.
MANAGEMENT AND GENERAL EXPENSES	2,829.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,483.
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	81,625.
MANAGEMENT AND GENERAL EXPENSES	23,164.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104,789.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,019,363.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR THE SELECTION AND SUPERVISION OF THE ORGANIZATION'S INDEPENDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.

CareerSource RESEARCH COAST

AGENDA ITEM #7

AGENDA ITEM SUMMARY

TITLE: Notice of Non-Continuation of the One-Stop Operator Agreement

STRATEGIC GOAL: Optimal Use of Resources

POLICY/PLAN/LAW: Workforce Innovation and Opportunity Act (WIOA)/CareerSource Florida Policy # 97/Board Policy/Board Responsibility

ACTION REQUESTED: None, Information Only

BACKGROUND:

Per CareerSource Florida Policy and WIOA regulations, local Workforce Development Boards are required to competitively procure a One-Stop Operator for their Comprehensive One-Stop Career Center System.

The One-Stop Operator's major function is the coordination of the service delivery among the required One-Stop System partners and their programs for the Local Workforce Development Area 20 (LWDA 20).

CSRC entered into a formal Sub-Recipient Agreement for the One-Stop Operator of the LWDA 20 Career Center System with Career and Technical Consultants, L.L.C. The Agreement is for a period of three years, with annual renewal each year based on performance and approval by the CSRC Board of Directors. This Agreement was approved for the second year; for the period of July 1, 2018 through June 30, 2019.

Effective July 1, 2019 the One-Stop Operator for the local Workforce Development Board 20 will officially resign. This will conclude the Sub-Recipient Agreement with Career and Technical Consultants, L.L.C.

STAFF RECOMMENDATION: None, Information Only

SUPPORTING MATERIAL: Email sent to President/CEO

BOARD STAFF: Glenda Harden, Senior Vice President of Operations/COO
gharden@careersourcerc.com; (866) 482-4473 ext. 427

Mon 1/7/2019 10:13 AM

Good Morning,

Please consider this to be official notification that I do not plan to sign another contract with "CareerSource Research Coast" as One-Stop Operator for LWDB 20 for the 2019-20 Year. In other words, my contract will be complete as of June 30, 2019.

Please know that this was a difficult decision for me as I have had a long and committed relationship with "CareerSource Research Coast" in some form for many years. However, my personal circumstances have put great demands on my time, with unforeseen and challenging events. I have to prioritize my commitments to my family,but also recognize the enormously important work that everyone at CSRC does. Therefore, I wanted to give you as much notice as possible so that you can plan accordingly. Meanwhile, I will complete my contracted responsibilities for the 2018-19 Year.

Again, I wish everyone at CSRC much success in all of your efforts, and will continue my work through June.

Respectfully,

Kathie Schmidt
One-Stop Operator

CareerSource RESEARCH COAST

AGENDA ITEM #12

AGENDA ITEM SUMMARY

TITLE:	President/CEO Performance Evaluation
STRATEGIC GOAL:	Administration & Strategic Planning
POLICY/PLAN/LAW:	Workforce Innovation & Opportunity Act: Role of LWDB's
ACTION REQUESTED:	Discuss the President/CEO Performance Evaluation
BACKGROUND:	The Executive Committee members rate the performance of the President/CEO. The customary process is for an evaluation form to be e-mailed to Executive Committee members. Completed forms are to be returned to the Chairperson via e-mail. The Chairperson then tabulates the scores, presents the results to the Executive Committee, and discusses the results with the CEO.
STAFF RECOMMENDATION:	None
SUPPORTING MATERIALS:	President/CEO Performance Evaluation
BOARD STAFF:	Brian Bauer, President/CEO bbauer@careersourcerc.com 866-482-4473 ext. 418

PRESIDENT/CEO PERFORMANCE EVALUATION

For: Brian Bauer, President/CEO Date Completed: _____

Rating Scale: (4) Outstanding (3) Exceeds Expectation (2) Acceptable (1) Improvement Needed (0) Unsatisfactory
Written comments are required for any ratings of (0) or (1).

I. Organizational Efficiency, Productivity and Effectiveness

PERFORMANCE CATEGORY	RATING	COMMENTS
Leadership – Demonstrates the ability to provide direction through influence and partnership providing appropriate guidance and administration.		
Planning – Plans realistic goals through the analysis of relevant information, based on the Workforce Boards mission; reviews progress; justifies costs; establishes realistic schedules; achieves results in a timely manner.		
Organizing – Arranges work for the most efficient handling and elimination of unnecessary activities.		
Work Products – Produces reports, correspondence and other work products, which meet the intended objectives in a timely manner, while reflecting acceptable quality.		
Budget Management – Maintains appropriate budgetary controls; stays within budget; makes appropriate budgetary recommendations; monitors activities and initiates timely and effective correcting actions.		
Staffing – Selects qualified people; matches employee skills and abilities with job requirements; assigns staff appropriately for work-load; develops and improves technical skills of staff; effectively evaluates staff and uses progress discipline if necessary.		

PRESIDENT/CEO PERFORMANCE EVALUATION

II. Individual Efficiency, Productivity and Effectiveness

PERFORMANCE CATEGORY	RATING	COMMENTS
Problem Analysis/Decision Making – Analyzes problems comprehensively; makes timely practical decisions.		
Presentations – Develops clean, well-organized and logical presentations; reduces complex issues to simple terms; is sensitive to audience levels.		
Self-Direction – Is personally well-organized; uses time effectively; acts independently		
Self-Motivation – Is motivated to succeed; stretches personal resources; builds on strengths and works on deficiencies.		
Communication Skills – Communicates clearly and listens effectively; keeps others informed; deals effectively with conflict.		
Community Relations – Develops and maintains effective working relationships with other agencies, local and state personnel; legislature, media; the public; and awareness and involvement of community affairs.		
Board Interaction - Works effectively with individual Board members; works effectively with the Board as a whole, listens and reacts to Board input.		

PRESIDENT/CEO PERFORMANCE EVALUATION

III. Areas of Greatest Strength

_____

_____

_____

IV. Areas of Greatest Opportunity for Growth

_____

_____

_____

IV. OVERALL PERFORMANCE RATING IS _____

OUTSTANDING
* No ratings of ***Unsatisfactory***
* No ratings of ***Improvement Needed***
* No ratings of ***Acceptable***
* More than half of the ratings must be ***Outstanding***

EXCEEDS EXPECTATIONS
* No ratings of ***Unsatisfactory***
* No ratings of ***Improvement Needed***
* More than half of the ratings must be ***Exceeds Expectation*** *or above*

ACCEPTABLE
* No ratings of ***Unsatisfactory***
* No more than five (5) ratings of ***Improvement Needed***

IMPROVEMENT NEEDED
* Six (6) or more ratings of ***Improvement Needed***
* No more than one (1) rating of ***Unsatisfactory***

UNSATISFACTORY
- Two (2) or more ratings of *Unsatisfactory*

Overall, I am ☐ Satisfied ☐ Not Satisfied with the President/CEO's performance.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.
All voice telephone numbers may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.