	_		EXTENDED TO MAY 15, 20 Return of Organization Exempt File)24 rom l i	ncome Tax	OMB No. 1545-0047					
Forr	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			2022					
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as	-		Open to Public Inspection					
Comparation of the reading internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023											
_				ل ending							
B C a	heck if pplicab	le.	f organization FORCE DEVELOPMENT BOARD OF THE		D Employer identifica	ation number					
	Addre										
Change TREASURE COAST, INC.											
-	chang Initial returr	°		<u>+</u> Room/suite	E Telephone number	5					
		584		.00	866-482-4	473					
L	⊥returr termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,946,882.					
	Amer returr		ST LUCIE, FL 34986-2267		H(a) Is this a group ret						
	Appli tion		nd address of principal officer: BRIAN BAUER		for subordinates?						
	pend		AS C ABOVE		H(b) Are all subordinates incl	luded? Yes No					
ΙT	ax-ex	empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 📃 527	If "No," attach a li	st. See instructions					
	Vebsi		CAREERSOURCERC.COM		H(c) Group exemption						
			X Corporation Trust Association Other	L Year	of formation: 1983 M	State of legal domicile: FL					
Pa	rt I	Summary		-							
e	1	Briefly describ	be the organization's mission or most significant activities: \underline{SEE}	CHEDU	LE O						
Governance											
erni	2	Check this bo									
Ň	3					<u>23</u> 23					
8	_	4 Number of independent voting members of the governing body (Part VI, line 1b)									
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)			<u> </u>					
Activities &	6		of volunteers (estimate if necessary)			0.					
Ac			d business revenue from Part VIII, column (C), line 12			0.					
	U D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year					
	8	Contributions	and grants (Part VIII, line 1h)		6,827,372.	5,869,392.					
Revenue	9		ce revenue (Part VIII, line 2g)		110,074.	76,091.					
evel	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,399.					
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,937,446.	5,946,882.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		736,351.	721,882.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.					
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,913,754.	2,940,900.					
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.					
adx	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	0.							
Ш		-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,350,625.	2,353,025.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,000,730.	6,015,807.					
	19	Revenue less	expenses. Subtract line 18 from line 12		-63,284.	-68,925.					
Net Assets or Fund Balances					ginning of Current Year	End of Year					
sset 3ala	20	Total assets (I			4,273,478.	3,954,009.					
et A nd F	21		(Part X, line 26)		4,059,783.	3,809,239.					
	22 Irt II		fund balances. Subtract line 21 from line 20		213,695.	144,770.					
		-	I declare that I have examined this return, including accompanying schedules a	and statem	ante and to the bast of my l	nowlodge and belief it is					
	-		. Declaration of preparer (other than officer) is based on all information of whic			אוטשובטטב מווע טבוובו, וג 3					
<u></u> ,	00116			on proparer	וועס מווץ אווטשופטעפ.						
Sigr	,	Signature of o	fficer		Date						
Her		-	AUER, PRESIDENT/CEO								
1.101	-										

	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN
Paid	JAMES A. HALLERAN	JAMES A. HALLERAN	01/16/24 if self-employed	P00005496
Preparer	Firm's name JAMES MOORE & CO.	,P.L.	Firm's EIN 59	-3204548
Use Only	Firm's address 121 EXECUTIVE CIR	CLE		
	DAYTONA BEACH, FL	32114-1180	Phone no. 386	-257-4100
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
-				000

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

orm	WORKFORCE DEVELOPMENT BOARD OF THE 990 (2022) TREASURE COAST, INC. 65-0054673 Page
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$1,756,744. 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.
	IO OBIRIN PRODUCTIVE EMPLOIMENT.
4b	(Code:) (Expenses \$ 868,103. including grants of \$ 721,882.) (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.
40	(Code:) (Expenses \$ 737,159. including grants of \$) (Revenue \$)
ŧC	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 on Schedule O.)
	(Expenses \$ 2,039,643. including grants of \$) (Revenue \$ 76,091.)
4۵	Total program service expenses 5,401,649.
	Form 990 (202

Part IV Check	list of Required Schedules				
Form 990 (2022)	TREASURE COAS	T, INC.			
	WORKFORCE DEV	ELOPMENT	BOARD	OF	THE

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			
Ū	similar amounts as defined in Rev. Proc. 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	L		<u> </u>
Ŭ	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,	⊢ Ŭ		<u> </u>
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	⊢ ′−		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		<u> </u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
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
с	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
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			1
	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			<u> </u>
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		<u> </u>
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
17		47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		v
40	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? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	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		77	1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
232003	12-13-22	Form	aan	(2022)

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WORKFORCE DEVELOPMENT BOARD OF THE

Form	990 (2022) TREASURE COAST, INC. 65-005	1673	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 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	0.51		v
~~	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U	"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			<u> </u>
00	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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · ·		\square
			Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	⊢orm	220	(2022)

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WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

65-0054673	Page 5
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Yes No 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. Test for the calendar year ending with or with the year covered by this statum 51 3b Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Diff the organization have an interest to find an engineements for find CFM test w37. PM test finances account, account, account, account, account, account or finance account or finance account or gross account, or other financial account; FGAP, see instructions for fining requirements for find FGM engineements for find FGM engin find find find engineements for find FGM	Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Interpret of the 2, dot the organization fiel alregulated bears explanation are survey. 2a 51 3a Det the organization have unrelated business gross income of \$1,000 or more ouring the year? 3a Det X 3a Det the organization have unrelated business gross income of \$1,000 or more ouring the year? 3a Det X 3b If Yes; 'has if life a Form 990 T for this year? If No* to line 30, provide an explanation on Schedule 0 3b 3b 3b If Yes; 'has if life a Form 990 T for this year? If No* to line 30, provide an explanation on Schedule 0 3b 3b 3b If Yes; 'has if life a Form 990 T for this year? If No* to line 30, provide an explanation of Schedule 0 3b 3c 3b If Yes; 'has if life a Form 104, Progin contry Se instructions for timp exploration that if year or prohibited tax shelter transaction at any time during the tax year? Se instructions for time organization file Progin Bank and Financial Accounts (PLAP), Se in X Se instructions for the approximation that we no regarization in File Prom 8867.7 Se instructions for the approximation and the exploration at any tore provide data table contributions? Se instructions of the approximation provide approximation and the exploration Provide at the approximation and the exploration and the approximation and the approximatin approximation and the approximation and the				1		Yes	No					
b If a least one is reported on line 2a, dd the organization file all required fedral employment tas returns? 2b. X 3a Diff the organization have verified business gross income of \$1,000 or more during the year? 3b. X 4a At any time during the calendar year. dd the organization have an intensit in, or a signature or other machino yove, a dimension of the organization tas income to security in the infancial accounts (FBAR). 4a X b 1*xs, 'near the name of the foreign country (such as a bark account, security or other financial accounts (FBAR). 5a X 5a 0 day tasked party nofity from granization that was or is a party to a prohibited tas wheler transaction? 5b X 5b Diff any scalarization have and granization that was or is a party to a prohibited tas wheler transaction? 5c C 6a Diff any scalarization have annual grans receipts that are normally greater than \$100,000, and did the organization solidit any contributions or gifts were not tas deductible contributions or association and services particled? 5c C 7 7 7 7 7 7 X 16 Hore organization have any more divers solidit or any solid to the payer? 7a X 17 Yes, 'indich the organization have solidit tas a normal grant that such contributions or gifts were not tas deductible? 7a	2a			-1								
Ga Did the organization have unvalued business gross income 61,000 or more during the year? ga X b If Yes, 'has if field a Form 998-T for this year? If 'Mo' to line 30, provide an explanation or Schedule 0 3b X d At any time the name of the forgin contry See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial account? 4a X D If Yes, 'and the any anxiet of busing account year of the organization and you have the transaction at any time during the tax year? 5a X b If Yes, 'and the any anxiet of the magnization if Berne M886-T? 5a X c Does the organization have annual gross recepts that are normally greater that \$100,000, and did the organization solicit any contributions that ween or calinable contributions? 5a X d If Yes, 'i did the organization in brough weelve solicitation an express statement that such contributions orgits were not tax diductible and calinable contributions? 6a X d If Yes, 'i did the organization include with every solicitation an express statement that such contributions orgits were not tax diductible and engelve account of the expression of the any account in the dino of the wales of the good calinable contribution orgin and the interval any account by the dono of the wales of the good calinable contribution or adiatable contributions and services provided the magnization face. 7a X d If Yes, 'indit the organization include with the wales of the good calinable contribution orgin an												
b If "Yes," that a Hiled a Form 900-T for this yea? If "Yes," that a Hiled a form 900-T for this yea? If a At any time during the calandary year, dd the organization have an interest in, or a signature or other authority or, a time during the calandary wear, and the organization have annual prose needy to a prohibeted as shelter transaction? If a 5a X. If "Yes," of the organization have and provide an express statement that such contributions or fills organization have annual prose needy to a prohibeted as shelter transaction? If a 5a Dod any taxable party notify the organization have annual prose needy to a prohibeted with shelter transaction? If a 5b If "Yes," the organization have annual prose needy to a prohibeted with shelter transaction? If a 6a Dod any taxable party notify the organization have annual prose needy to a prohibeted with shelt organization needweight and the second that shelt transaction? If a 7 Organization needweight and the value of the god or services provided to the party of a difference or the shelt or transaction? If a 7 Organization cervice any fund, directly or indirectly, to pary premium the specification are and the organization have any fund, directly or indirectly, to pary premium the specification transaction? If a 7 If	-		ns? .			X						
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a fast financial account is (Control 114, Control 114												
financial account in a foreign country (such as a bank account, securities account) or other financial account)? 4a X b If 'Ves,'' reter the name of the foreign country 5a X See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (PBAR). 5a X 5a Was the organization have requirements that was or is a party the a prohibited tax scheder transaction? 5a X 5b D dark stable party notify the organization that was or is a party to a prohibited tax scheder transaction? 5c X 6a Does the organization have mail gross received that are or real party to a prohibited tax scheder transaction? 5c X 6a D I' Yes,'' of the organization have requirement that was or is a party to a prohibited tax scheder transaction? 6a X 7 Organizations that may receive deductible acchtabulons under section 170(c). 6a X 7 Organization sele, acchtable, orthbulons under section 170(c). 7a X 7 T' Yes,'' did the organization network a goment in excess of \$75 made party as a contribution and party for paces and services provided to the payor? 7a X 7 D D d the organization sele, advance, and envices pay remume on a personal benefit contract? 7c X 7 T' Yes,'' did the organization flow gene, ayormentime, directly on particular on the was sequired to the payor? 7a X 7 D D d the organization make adistribution of qualified intellectual groperty, did the					3b							
b 1/*Cs, "enter the name of the foreign country 5 See instructions for filling requirements for FinCEN from 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Sa Xas the organization approximation that it was or is a party to a prohibited tax shelfer transaction? 5a Sa Xas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were nort as dealchible can handle contributions? 5a Cases the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were nort as dealchible as chantable contributions? 6a 7 Organizations that may receive deductible contributions under section 179(c). 7a X 8 Uf the organization network specific transaction? 7a X 7 Organization receive specific transaction? 7a X 8 Uf the organization network specific transaction? 7a X 9 Uf the organization network specific transaction? 7a X 7a Y 7a X 7b 1/**s, 'indicate the number of Forms 8282 field during the year Zd 7a X 9 Uf the organization receive a contribution of quark specific transaction? 7a X X Yea <t< th=""><th>4a</th><th></th><th></th><th></th><th></th><th></th><th>v</th></t<>	4a						v					
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If "Yes," complete Form 6069.	17				47		1					
					17							
	232005	· · ·			Form	990	(2022)					

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Form 990 (2022)

⁵ 2022.05030 WORKFORCE DEVELOPMENT BOA 201853.1

WORKFORCE DEVELOPMENT BOARD OF THE

Form	990 (2022) TREASURE COAST, INC.		65-0054		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion 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 on Schedule O.					
b	Enter the number of voting members included on 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 a	ny other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			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 ap	ooint o	one or			
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
		ondo	0000.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	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	befor	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	'S			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			financ	ial	
	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 boo	ks and	records			
	LISA DELLIGATTI - 866-482-4473					
	584 NW UNIVERSITY BLVD, 100, PORT ST LUCIE, FL 349	86-	2267			
232006	12-13-22			Form	990	(2022)
	6					

WORKFORCE DEVELOPMENT BOARD OF THE		
Form 990 (2022) TREASURE COAST, INC.	65-0054673	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
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	ith or within the organization's	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regative set of the organization of the orga	rdless of amount of compens	ation.
Enter -0- in columns (D), (E), and (F) if no compensation was paid.	-	

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• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one						Reportable				
	hours per	box	, unles	ss pei	rson i	is both	n an	compensation	compensation	amount of		
	week		cer an I	id a d	irecto	or/trus T	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		voldu	t con		1099-INEC)		organizations		
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) BRIAN BAUER	40.00	_	_		_	Ē						
PRESIDENT/CEO AND SECRETARY				х				132,961.	0.	14,341.		
(2) TRACEY MCMORRIS	40.00		1									
COO/VP				Х				104,160.	0.	13,215.		
(3) LISA DELLIGATTI	40.00											
CFO				х				98,514.	0.	13,241.		
(4) WERNER BOLS	1.00											
DIRECTOR		х						0.	0.	0.		
(5) JIM BRANN	1.00											
VICE CHAIR		Х		X				0.	0.	0.		
(6) PAMELA BURCHELL	1.00								•			
PAST CHAIR	1 00	X						0.	0.	0.		
(7) JOSE CAPELLAN	1.00								•			
DIRECTOR	1 00	Х						0.	0.	0.		
(8) HELENE CASELTINE	1.00								0			
DIRECTOR	1 00	X				<u> </u>		0.	0.	0.		
(9) ROBERT CENK	1.00							0	0			
DIRECTOR	1 0 0	Х						0.	0.	0.		
(10) DAVID FREELAND	1.00							0	0			
DIRECTOR	1 00	Х						0.	0.	0.		
(11) MICHAEL KAUFFMAN	1.00	v						0.	0			
DIRECTOR (12) LESLIE KRISTOF	1.00	Х				<u> </u>		0.	0.	0.		
CHAIR	1.00	x		x				0.	0.	0.		
(13) DAVID MOORE	1.00	^		^				0.	0.	0.		
DIRECTOR	1.00	x						0.	0.	0.		
(14) TERRANCE MOORE	1.00	Δ						0.	0.	0.		
DIRECTOR	1.00	х						0.	0.	0.		
(15) TIMOTHY MOORE	1.00					-		0.	0.	U •		
DIRECTOR		х						0.	0.	0.		
(16) WAYNE OLSON	1.00								.	<u>, , , , , , , , , , , , , , , , , </u>		
DIRECTOR		x						0.	0.	0.		
(17) JONATHAN PRINCE	1.00					1			, , , , , , , , , , , , , , , , , 			
DIRECTOR		х						0.	0.	0.		
232007 12-13-22									• •	Form 990 (2022)		

232007 12-13-22

Form **990** (2022)

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2022.05030 WORKFORCE DEVELOPMENT BOA 201853.1

7

WORKFORCE DEVELOPMENT BOARD OF THE

TREASURE COAST INC

65-0054673 Page 8

Form 990 (2022)	TREASURE	COAST,	IN	IC.						65-0054	673	Page 8
Part VII Section	n A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)				C)	-		(D)	(E)		(F)
N	ame and title	Average			Pos	ition			Reportable	Reportable		imated
		hours per		not ch , unles					compensation	compensation		ount of
		week		cer an					from	from related		other
		(list any	ctor						the	organizations		ensation
		hours for	· direc				5		organization	(W-2/1099-MISC/		m the
		related	tee or	istee			ensat		(W-2/1099-MISC/	1099-NEC)	orga	nization
		organizations	trus	al tri		oyee	a mo		1099-NEC)		and	related
		below	Individual trustee or director	Institutional trustee	er	am pl	loyee	ner			organ	nizations
		line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former				
(18) PETE TESCH	I	1.00										
DIRECTOR			Х						0.	0.		Ο.
(19) ANGELLA WI	ILLIAMS	1.00										
DIRECTOR			x						0.	0.		0.
(20) MADDIE WII	LIAMS	2.00										
TREASURER			x		Х				0.	0.		0.
(21) CHRIS DZAI	OVERY	1.00	- 23		21		+			••	+	
DIRECTOR		1.00	х						0.	0.		0.
		1 00	^						0.	0.		0.
(22) LAWRENCE H	IAWES	1.00								0		•
DIRECTOR		1 00	Х				<u> </u>		0.	0.		0.
(23) PAMELA HOU	JGHTEN	1.00										-
DIRECTOR			Х						0.	0.	<u> </u>	0.
(24) JEANNIE MO	CALL	1.00										
DIRECTOR			Х						0.	0.		0.
(25) JOHN MILLA	ΔY	1.00										
DIRECTOR			X						0.	0.		Ο.
(26) DEBBIE PER	REZ	1.00										
DIRECTOR			x						0.	0.		0.
1b Subtotal		1							335,635.	0.	40	,797.
	ontinuation sheets to Part VI							•)	0.	0.	<u> </u>	0.
	nes 1b and 1c)								335,635.	0.	40	,797.
	of individuals (including but n						h				1 10	11210
			ose	IISLEC	Jac	Jove	<i>y</i> wii	IO TE	ceived more than \$100,0	ou or reportable		2
compensatio	n from the organization		_									Yes No
												res no
	nization list any former officer,											37
line 1a? <i>If</i> "Ye	es," complete Schedule J for s	uch individual									3	X
	dual listed on line 1a, is the su											
	rganizations greater than \$150										4	X
5 Did any perso	on listed on line 1a receive or a	ccrue compen	isati	on fr	om	any	unre	elate	ed organization or individ	ual for services		
rendered to t	he organization? If "Yes." com	plete Schedule	e J fo	or su	ch ı	oers	on .				5	X
	endent Contractors	. /										
1 Complete this	s table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ation from	n
the organizat	ion. Report compensation for	the calendar ve	ear e	endin	a w	ith c	or wi	thin	the organization's tax ve	ear.		
5	(A)	,			5				(B)		(C)	
	Name and business	address	NC	ONE	1				Description of s	ervices	Compens	
								_				
2 Total number	of independent contractors (in	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than		
\$100.000 of a	compensation from the organi	zation				0)					

\$100,000 of compensation from the organization

Form 990 (2022)

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TREASURE COAST, INC.

Form 990 (2022)

WORKFORCE DEVELOPMENT BOARD OF THE

Pa	rt V	/111							
			Check if Schedule O contains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
						Total revenue	Related or exempt		(D) Revenue excluded
								business revenue	from tax under
									sections 512 - 514
ts t	1	а	Federated campaigns	1a					
ar our		b	Membership dues	1b					
⊒ ن ∕∆		с	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	1d					
s, o		е	Government grants (contributions)	1e 5,	869,392.				
r Si		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f					
o iti		g	Noncash contributions included in lines 1a-1f	1g \$					
ano		h	Total. Add lines 1a-1f			5,869,392.			
					Business Code				
Ð	2	а	EMPLOYMENT EVENTS		624310	76,091.	76,091.		
, vic		b				-	-		
Ser		с			-				
E N		d							
Be		e							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			76,091.			
	3		Investment income (including divider						
	Ū		, č						
	4		Income from investment of tax-exem						
	5		Royalties	• •					
	-) Real	(ii) Personal				
	6	а	Gross rents 6a						
	-		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7			ecurities	(ii) Other				
	'	u	assets other than inventory 7a		1,399.				
		h	Less: cost or other basis		1,555.				
ð		b	and sales expenses		0.				
nué		~	Gain or (loss)		1,399.				
Revenue			Net gain or (loss)		173331	1,399.			1,399.
ъ	Q		Gross income from fundraising events (n		7				
Gŧ	U	u	including \$	of					
U			contributions reported on line 1c). Se						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraising	·····					
	a		Gross income from gaming activities						
	5	u	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming ac	····· —					
	10		Gross sales of inventory, less returns						
	10	u	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inv		•				
		č		Sincory	Business Code				
sno	11	а							
Miscellaneous Revenue	•••	b							
ella		c							
Be			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			5,946,882.	76,091.	0.	1,399.
23200						•			Form 990 (2022)

16340116 789407 201853.1

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WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	()		· · · · · · · · · · · · · · · · · · ·	X
	not include amounts reported on lines 6b, 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	701 000	701 000		
	and domestic governments. See Part IV, line 21	721,882.	721,882.		
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,	270 056	01 775	207 101	
-	trustees, and key employees	378,956.	91,775.	287,181.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 000 020	1 017 (0)	00.000	
7	Other salaries and wages	2,009,829.	1,917,623.	92,206.	
8	Pension plan accruals and contributions (include	10 010			
	section 401(k) and 403(b) employer contributions)	47,917.	47,917.	17 044	
9	Other employee benefits	325,773.	307,929.	17,844.	
10	Payroll taxes	178,425.	151,928.	26,497.	
11	Fees for services (nonemployees):				
а	Management	1 000		1 000	
b	Legal	1,029.		1,029.	
С	Accounting	28,500.		28,500.	
d	Lobbying				
е	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 0.)	726,109.	694,195.	31,914.	
12	Advertising and promotion	31,125.	30,947.	178.	
13	Office expenses	74,927.	71,389.	3,538.	
14	Information technology	124,078.	93,599.	30,479.	
15	Royalties Occupancy				
16	Occupancy	146,373.	93,184.	53,189.	
17	Travel	27,991.	22,544.	5,447.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,118.	4,998.	2,120.	
20	Interest				
21	Payments to affiliates	404 055	404 055		
22	Depreciation, depletion, and amortization	481,857.	481,857.		
23	Insurance	50,210.	33,458.	16,752.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) TRAINING	427,676.	422,956.	4,720.	
a L	EQUIPMENT	111,554.	106,867.	4,720.	
b	REPAIRS & MAINTENANCE	70,835.	67,336.	3,499.	
C	MISCELLANEOUS	23,807.	23,260.	5,499.	
d				3,831.	
	All other expenses	<u>19,836.</u> 6,015,807.	<u>16,005.</u> 5,401,649.	614,158.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	0,010,007.	J,401,049.	014,100.	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 hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (0000)

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Form 990 (2022)

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Form 990 (2022)

orm	990	(2022)

WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

art 9		2022) TREASURE COAST, INC. Balance Sheet		65-0	0054673 _{Page}
αιι	~	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	78,767
	2	Savings and temporary cash investments	580,319.	2	590,403
	3	Pledges and grants receivable, net	135,988.	3	269,778
	4	Accounts receivable, net	3,046.	4	1,484
	5	Loans and other receivables from any current or former officer, director,			_/
	Ū	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	Ū	(1, 2, 2)		6	
	7	Notes and loans receivable, net		7	
5	8	Inventories for sale or use		8	
ź	9		105,784.	9	50,420
		Land, buildings, and equipment: cost or other	105,7010	3	
'	IVa	basis. Complete Part VI of Schedule D 10a 808,697.			
	h		3,419,141.	10c	111,042
			5,415,1410	11	
	11	Investments - publicly traded securities		12	
	12	Investments - other securities. See Part IV, line 11			
	13	Investments - program-related. See Part IV, line 11		13	2,842,08
	14	Intangible assets	29,200.	14	10,03
	15	Other assets. See Part IV, line 11	4,273,478.	15	3,954,00
	16	Total assets. Add lines 1 through 15 (must equal line 33)	393,769.	16 17	426,55
	17	Accounts payable and accrued expenses	595,709.	1 1	420,55
	18	Grants payable	254,043.	18	374,71
	19	Deferred revenue	254,045.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
14	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 111 071		2 007 07
		of Schedule D	3,411,971. 4,059,783.		3,007,97 3,809,23
- 2	26	Total liabilities. Add lines 17 through 25	4,059,765.	26	5,009,25
		Organizations that follow FASB ASC 958, check here			
	-	and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
2	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
: .		and complete lines 29 through 33.	206 525		100 603
2	29	Capital stock or trust principal, or current funds	206,525.	29	199,62
3	30	Paid-in or capital surplus, or land, building, or equipment fund	7,170.	30	-54,85
	31	Retained earnings, endowment, accumulated income, or other funds	0.	31	144 77
	32	Total net assets or fund balances	213,695.	32	144,770
3	33	Total liabilities and net assets/fund balances	4,273,478.	33	3,954,009 Form 990 (20

Form 990 (2022)

232011 12-13-22

WORKFORCE	DEVELC	PMENT	BOARD	OF	\mathbf{THE}
		TNO			

	1 990 (2022) TREASURE COAST, INC.	65-005	<u>4673</u>	Pa	_{ge} 12
Pa	rt 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	5,94		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,01		
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21	3,6	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	4,7	70.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2022)

232012 12-13-22

SCHEDULE A		Public Charity Status and Public Support							OMB No. 1545-0047	
(Form 99	90)	Complete if the organization is a section 501(c)(3) organization or a section							2022	
Department of the Treasury				47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public	
Internal Reve				Form990 for instruction			ormation.	1	Inspection	
Name of	the organization	-		LOPMENT BOARI	OF 1	HE			identification number	
Part I	Reason f		SURE COAST	, INC. (All organizations must c	omploto th	via part \ S	an instruction		5-0054673	
							ee instruction	IS.		
1 ne organ				For lines 1 through 12, ch			IV A V(i)			
2				n of churches described Attach Schedule E (Form)(a)011 n	I)(A)(I).			
3				anization described in se		(b)(1)(A)(ii	i)			
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name.	
·	city, and state	÷		,				// <i>/</i> -	,	
5	•		or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, stat	e, or local gov	vernment or governn	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7 X	An organizatio	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	-			(1)(A)(vi). (Complete Part						
9				in section 170(b)(1)(A)(i						
		r a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or	
10	university:	n that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	as momboret	in food and	d gross receipts from	
	•		•	t to certain exceptions; a				•	•	
				(less section 511 tax) fro						
			mplete Part III.)	(,				,		
11 🗌				vely to test for public saf	ety.See ᠄	section 50)9(a)(4).			
12	An organizatio	on organized a	and operated exclusion	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or	
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	section \$	509(a)(2).	See section	509(a)(3). 🤇	Check the box on	
	_lines 12a thro	ugh 12d that (describes the type o	f supporting organization	and comp	olete lines	12e, 12f, and	l 12g.		
a				upervised, or controlled I						
				gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting	
			complete Part IV, Se				-1			
b 🔽	••			or controlled in connect anization vested in the sa		• •	•		•	
		•	t complete Part IV,		ine persoi	is that co	ILTOI OF ITIATIA	ge the supp	Joned	
c	-			g organization operated i	n connect	ion with, a	and functiona	llv integrate	ed with	
). You must complete F				,	,	
d		•		oorting organization operation				rted organiz	zation(s)	
				ation generally must sati						
	requirement	: (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .			
e		0		written determination fror			Туре I, Туре	II, Type III		
				nally integrated supportir	ng organiza	ation.			[]	
	er the number o									
	(i) Name of suppo		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other	
	organization		.,	(described on lines 1-10 above (see instructions))	in your governi Yes	ng aocument? No	support (see ii	-	support (see instructions)	
Total										

WORKFORCE DEVELOPMENT BOARD OF THE Schedule A (Form 990) 2022 TREASURE COAST, INC. 65-0054673 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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 gualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6805066.	6376037.	7345941.	6827372.	5869392.	33223808.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	6805066.	6376037.	7345941.	6827372.	5869392.	33223808.
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)						
	Public support. Subtract line 5 from line 4.						33223808.
	ction B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 7345941.	(d) 2021	(e) 2022	(f) Total 33223808.
-	Amounts from line 4	6805066.	6376037.	/343941.	6827372.	2009392.	55225808.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	201					201
_	and income from similar sources	301.					301.
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.)						33224109.
	Total support. Add lines 7 through 10					10	492,239.
12	Gross receipts from related activities,		,				492,239.
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I			column (f))		14	100.00 %
	Public support percentage from 2021			())			100.00 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies				14 13 00 17070 01 111		37
h	33 1/3% support test - 2021. If the o		-				
N	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•••				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets the	-					/
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				
	<u> </u>		,				(Form 990) 2022

232022 12-09-22

WORKFORCE DEVELOPMENT BOARD OF THE INC.

TREASURE COAST,

Schedule A (Form 990) 2022 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022 (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 per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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 disgualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support					1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022 (f) Total	
	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							
с	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is for th	he organization's fir	rst. second. third.	fourth. or fifth tax v	vear as a section	501(c)(3) or	anization.	
	•						с , Г	
Sec	tion C. Computation of Publ	ic Support Per	centage					
15	Public support percentage for 2022 (line 8, column (f), d	livided by line 13, o	column (f))		15		%
	Public support percentage from 2021					16		%
Sec	ction D. Computation of Invest	stment Income	e Percentage					
17	Investment income percentage for 20	0 22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
	Investment income percentage from					18		%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than a	33 1/3%, an	d line 17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	[
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33	1/3%, and	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organ	ization [
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions	[
23202	23 12-09-22					Sch	nedule A (Form 990) 2	2022
			15					

WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

1

2

Yes No

Schedule A (Form 990) 2022 TREA

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

Section A. All Supporting Organizations

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

16

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

ST, INC.	<u>65-0054673</u> Р	age 5
	Yes	No
y of the following persons?		
ogether with persons described on lines 11b and		

11a

11b

11c

2

Yes

No

No

Yes No

а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a
	11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from an

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

Part IV

11

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

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes	
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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 or	rganization use	ed to satisfv the In	teoral Part Test during the	vear (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

	dule A (Form 990) 2022 TREASURE COAST, INC.	<u></u>		65-0054673 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must of		(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		
Sect	ion 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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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WORKFORCE DEVELOPMENT BOARD OF THE COAGT ידדים איק TNC

	t V Type III Non-Functionally Integrated 509(nizations		5-0054673	Page 7
		allo Supporting Orga	inizations (continu	<u>ed)</u>		
	on D - Distributions			_	Current Yea	<u>ir</u>
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4 5		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6		
<u>6</u> 7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7		
7	H	o organization is reasonaive				
8	Distributions to attentive supported organizations to which th	le organization is responsive		8		
9	(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			9 10		
10		(i)	(ii)	-10	(iii)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributabl Amount for 20	
_1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

		WORKFORCE			BOARD O	F THE		
Schedule A	(Form 990) 2022	TREASURE					65-0054673	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	a, 6, 9a, 9b, V, Section E,	9c, 11a, 11 lines 1c, 2a	b, and 11c; Parl a, 2b, 3a, and 3b	: IV, Section B, lines o; Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Par	C, t V,
				$\overline{\mathbf{n}}$				
				\rightarrow				
00000 10 00 0	2						Schedule A (Form 9	00) 2020
232028 12-09-2	.4						Schedule A (FULIT 9	JUJ 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Name of the	organization

Organization type (check one):

WORKFORCE	DEVELO	PMENT	BOARD	OF	THE
TREASURE	COAST,	INC.			

65-0054673

Filers of:	Section:
Form 990 or 990-EZ	X 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2 Employer identification number				
	Name of organization Employ WORKFORCE DEVELOPMENT BOARD OF THE						
	TREASURE COAST, INC. 65-						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.					
(a)	(b)	(d)					
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution				
1	U.S. DEPARTMENT OF LABOR		Person X Payroll				
	200 CONSTITUTION AVENUE, N.W.	\$ 4,465,3					
	WASHINGTON, DC 20210		(Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HEALTH AND HUMAN	Total contribution	ns Type of contribution				
2	SERVICES		Person X Payroll				
	200 INDEPENDENCE AVENUE, S.W.	\$ 836,0	44. Noncash				
	WASHINGTON, DC 20201		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution				
3	U.S. DEPARTMENT OF AGRICULTURE		Person X				
	1400 INDEPENDENCE AVENUE, S.W.	\$363,1					
	WASHINGTON, DC 20250		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution				
4	ST. LUCIE BOARD OF COUNTY COMMISSIONERS		Person X				
	2300 VIRGINIA AVENUE	\$156,7	Payroll 0 8 • Noncash				
	FORT PIERCE, FL 34982		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

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Schedule B (Form 990) (2022)

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	3 (Form 990) (2022)		Page 3
Name of or	rganization ORCE DEVELOPMENT BOARD OF THE		Employer identification number
	JRE COAST, INC.		65-0054673
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
,ł		· ·	

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Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)				Page 4			
	rganization				Employer identification number			
	ORCE DEVELOPMENT BOARD (OF THE						
Part III	URE COAST, INC. Exclusively religious, charitable, etc., contribution	ons to organizations describ	ed in section 50	1(c)(7), (8), or (10) tl	65-0054673 hat total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	a line entry. For o	rganizations				
	Use duplicate copies of Part III if additional	space is needed.		le year. (Enter this inio.)	Unce.) +			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
Part I		(0) 030 01 g		(0) DC3				
		(e) Transfe	er of gift	•				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
Part I	((0,0000.3		(1)				
		(e) Transfe	er of gift					
				, alationalain of the				
-	Transferee's name, address, a		H	elationship of tra	ansferor to transferee			
			7					
(a) No.				1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
<u> </u>								
		· · · · · · · · · · · · · · · · · · ·						
-								
	(e) Transfer of gift							
	Transferee's name, address, a	B	elationship of tra	ansferor to transferee				
ľ				•				
(a) No. from		1						
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
ł		e) Transfe	er of aift	I				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
223454 11-15	i-22				Schedule B (Form 990) (2022)			

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SC	SCHEDULE D Supplemental Financial Statements						
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12)h	2022		
Depart	ment of the Treasury	A	ttach to Form 990.		Open to Public		
-	Revenue Service		0 for instructions and the latest informa		Inspection		
Nam	e of the organizatio		er identification number 65-0054673				
TREASURE COAST, INC. 65 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Co							
		answered "Yes" on Form 990, Part IV, lin			oomplete it the		
	-		(a) Donor advised funds	(b) Funds a	and other accounts		
1	Total number at end	d of year					
2		contributions to (during year)					
3	Aggregate value of	grants from (during year)					
4	Aggregate value at	end of year					
5	-	n inform all donors and donor advisors in v	-				
		's property, subject to the organization's			Yes No		
6	•	n inform all grantees, donors, and donor a	• •	•			
		eses and not for the benefit of the donor o		-			
Par	t II Conserva	te benefit? Ition Easements. Complete if the org	repization answered "Veg" on Form 000	Dort IV line 7	Yes No		
1		ervation easements held by the organization		Fart IV, III e 7.			
•		of land for public use (for example, recreation		f a historically imp	ortant land area		
		natural habitat		a certified histori			
		of open space					
2		hrough 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation	easement on the last		
	day of the tax year.				d at the End of the Tax Year		
а	Total number of cor	nservation easements		2a			
b							
с	Number of conserva	ation easements on a certified historic stru	ucture included in (a)	2c			
d		ation easements included in (c) acquired a					
	historic structure lis	ted in the National Register		2d			
3		ation easements modified, transferred, rele			ng the tax		
	year	_					
4		here property subject to conservation eas					
5		on have a written policy regarding the per					
6		rcement of the conservation easements it hours devoted to monitoring, inspecting,					
6	Stall and volunteer	nours devoted to morntoning, inspecting,	handling of violations, and emorcing cons	servation easemen	its during the year		
7	Amount of expense	 s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements du	Iring the year		
•	Amount of expense	e meanea in mentering, mepeeting, hand			aning the year		
8	Does each conserva	 ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4				Yes No		
9	In Part XIII, describe	e how the organization reports conservation					
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describe	s the		
_	organization's acco	unting for conservation easements.					
Par		tions Maintaining Collections of		her Similar A	ssets.		
		the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95	•				
		asures, or other similar assets held for pub			ic		
_		Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		ires, or other similar assets held for public	exhibition, education, or research in furth	ierance of public s	service,		
		g amounts relating to these items:		¢			
		ed on Form 990, Part VIII, line 1 I in Form 990, Part X					
2		eceived or held works of art, historical trea	asures, or other similar assets for financia				
£		nts required to be reported under FASB A		gain, provide			
я	-	on Form 990, Part VIII, line 1	-	\$			
		Form 990, Part X					
		duction Act Notice, see the Instructions			edule D (Form 990) 2022		
	09-01-22			201	,		
_0200			25				

		E DEVELOPI		BOARD	OF THE	2			
	dule D (Form 990) 2022 TREASURE	COAST, II	NC.				65-	0054673	Page 2
Par	t III Organizations Maintaining Col	lections of Ar	t, Histe	orical Tre	easures, o	r Other S	Similar Ass	sets _{(contin}	ued)
3	Using the organization's acquisition, accession	, and other record	s, check	any of the	following that	t make sign	ificant use of	its	
	collection items (check all that apply):								
а	Public exhibition	d	ı 🛄	Loan or exc	hange progra	am			
b	Scholarly research	e	,	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explair	n how th	ey further th	ne organizatio	on's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit or n	eceive donations o	of art, his	storical trea	sures, or othe	er similar as	sets		
_	to be sold to raise funds rather than to be main							Yes	No No
Par	t IV Escrow and Custodial Arrange		ete if the	e organizatio	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part >								
1 a	Is the organization an agent, trustee, custodian		•						
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	llowing t	able:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year				·····		1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Forr	n 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability'	?	Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII. Cl								
Par	t V Endowment Funds. Complete if the second	he organization an	swered	"Yes" on Fo					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d	Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance	e (line 1c	g, column (a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess		ation tha	t are held ar	nd administer	ed for the			
	organization by:	Ű						Г	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the or								
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered "), Part IV	/, line 11a. S	See Form 990	, Part X, lin	e 10.		
	Description of property	(a) Cost or o			t or other		umulated	(d) Book	value
		basis (investr			(other)	.,	eciation	(4) 2001	Value
1a	Land	,	,		. ,				
b	Buildings								
	Leasehold improvements			21	7,856.	12	0,889.	96	5,967.
	Equipment				3,455.		9,380.		1,075.
	Other				7,386.		7,386.		0.
	Add lines 1a through 1e. (Column (d) must equ		V colum		-		-	111	.,042.
1010	, taa iiiloo ta tiiloagit to. (Columni a) must eau	a runn 330. Fail	л. coiuli	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	00.1				,,,,,,,

Schedule D (Form 990) 2022

WORKFORCE DEVELOPMENT BOARD OF THE

	(Form 990) 2022	TREASURE C	.ondi,	21101	<u>65-0054673</u> Ра
Part VII		Other Securities.			
					11b. See Form 990, Part X, line 12.
(a) Descrip	tion of security or catego	Ory (including name of security	y (I	o) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives				
2) Closely	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (<u>b) must equal Form 990,</u>	, Part X, col. (B) line 12.)			
Part VIII		Program Related.			
			s" on Forr	n 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of i	nvestment	(o) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(8)</u> (9)					
(9)	b) must equal Form 990,	, Part X, col. (B) line 13.)			
(9)	b) must equal Form 990, Other Assets.	Part X, col. (B) line 13.)			
(9) Total. (Col. (Other Assets.		s" on Forr	n 990, Part IV, line	11d. See Form 990, Part X, line 15.
(9) Total. (Col. (Other Assets.	anization answered "Ye	s" on Forr		11d. See Form 990, Part X, line 15. (b) Book value
(9) Total. (Col. (Other Assets.	anization answered "Ye			
(9) Total. (Col. (Part IX (1)	Other Assets.	anization answered "Ye			
(9) Total. (Col. (Part IX	Other Assets.	anization answered "Ye			
(9) Total. (Col. () Part IX (1) (2) (3)	Other Assets.	anization answered "Ye			
(9) otal. (Col. (Part IX (1) (2)	Other Assets.	anization answered "Ye			
(9) Total. (Col. () Part IX (1) (2) (3) (4) (5)	Other Assets.	anization answered "Ye			
(9) Total. (Col. () Part IX (1) (2) (3) (4)	Other Assets.	anization answered "Ye			
(9) otal. (Col. () Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	anization answered "Ye			
(9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	anization answered "Ye			
(9) Total. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the orga	anization answered "Ye	a) Descrip	ption	
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(9) otal. (Col. () Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Other Assets. Complete if the orga	anization answered "Ye (() () () () () () () () () () () ()	line 15.)	ption	(b) Book value
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Schedule D (Form 990) 2022

232053 09-01-22

WORKFORCE DEVELOPMENT BOARD OF THE

Sche	dule D (Form 990) 2022 TREASURE COAST, INC.		65-0	054673 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	5,946,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			5,946,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> 12.)			5,946,882.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expense	s per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	6,015,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			6,015,807.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			6,015,807.

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:

INCOME TAXES - THE BOARD IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED
BUSINESS INCOME. SINCE THE BOARD HAD NO TAXABLE UNRELATED BUSINESS INCOME
DURING THE YEARS ENDED JUNE 30, 2023 AND 2022, NO PROVISION FOR INCOME
TAXES IS PROVIDED IN THE FINANCIAL STATEMENTS.
MANAGEMENT OF THE BOARD 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 BOARD'S STATUS AS
A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE BOARD MET THE
REQUIREMENTS TO MAINTAIN ITS TAX EXEMPT STATUS AND HAS NO INCOME SUBJECT
232054 09-01-22 Schedule D (Form 990) 2022
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WORKFORCE DEVELOPMENT BOARD OF THE Schedule D (Form 990) 2022 TREASURE COAST, INC. Part XIII Supplemental Information (continued)	65-0054673 Page 5
TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FOR	TNCOME TAYES
HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE BOARD'S	INCOME TAX
RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION H	BY TAX
AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.	
	Schedule D (Form 990) 2022

232055 09-01-22

16340116 789407 201853.1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	arants and Oth vernments, an ete if the organization	n answered "Yes" Attach to Form	s in the Ŭni on Form 990, Pa 1990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
		ENT BOARD O	.gov/Form990 for ೯ ಗರ್ಭ	the latest informa	ation.		•
······································	COAST, IN		r inc				Employer identification number 65-0054673
Part I General Information on Grants	and Assistance						
Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's Part II Grants and Other Assistance t	sistance?	oring the use of grant	funds in the United	l States.			X Yes No
recipient that received more that	-				anization answered T	es offform 990, Fait	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash 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)	721,882.	0.			WIOA YOUTH SERVICES CONTRACT
				¢			
		\bigcirc					
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 		-	l e line 1 table				1. <u>1.</u> 0.

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

WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.

232102 10-31-22

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:

Schedule I (Form 990) 2022

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.

65-0054673

Page 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. WORKFORCE DEVELOPMENT BOARD OF THE



65-0054673

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

TREASURE COAST,

THE MISSION OF THE WORKFORCE BOARD OF THE TREASURE COAST IS TO BUILD AN

INC.

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: THE MISSION OF THE WORKFORCE BOARD OF THE TREASURE COAST IS TO PROVIDE OPPORTUNITIES AND IMPROVE LIVES BY BUILDING 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 4D, **OTHER PROGRAM SERVICES:** OTHER PROGRAM SERVICES INCLUDING, BUT NOT LIMITED TO: WIOA DISLOCATED FOODSTAMP EMPLOYMENT & TRAINING PROGRAM, WORKERS, WAGNER PEYSER, LOCAL DISABLED VETERANS' OUTREACH VETERANS EMPLOYMENT REPRESENTATIVES (LVER), PROGRAM (DVOP), NEG COVID-19 GRANT, FATES PATHWAYS TO PROSPERITY REEMPLOYMENT & ELIGIBILITY ASSESSMENT, NEG HURRICAN IAN, APPRENTICESHIP NAVIGATOR, RECOVERY NAVIGATOR, FLORIDA ATLANTIC WORKFORCE ALLIANCE SLC-BOCC SUMMER YOUTH GRANT, AND TICKET TO WORK. EXPENSES \$ 2,039,643. REVENUE \$ 76,091. INCLUDING GRANTS OF \$ 0.

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Schedule O (Form 990) 2022	Page 2
Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	Employer identification number 65-0054673
	00 0001070
THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIRPERS	SON, VICE
CHAIRPERSON, TREASURER, IMMEDIATE PAST CHAIRPERSON, AND SU	JCH OTHER MEMBERS
OF THE BOARD AS ARE APPOINTED BY THE CHAIRPERSON. THE EXEC	CUTIVE COMMITTEE
SHALL SERVE AS A COMMITTEE WITH ADMINISTRATIVE OVERSIGHT H	RESPONSIBILITIES
AND IS EMPOWERED TO ACT AND TAKE NECESSARY INTERIM ACTION	TO IMPLEMENT THE
PLANS AND PROGRAMS OF CAREERSOURCE RESEARCH COAST BETWEEN	MEETINGS OF THE
BOARD. ALL RESTRICTED ASSETS SHALL BE MANAGED BY THE EXECU	JTIVE COMMITTEE OF
THE BOARD. AN EXECUTIVE COMMITTEE REPORT WILL BE MADE AT H	EACH BOARD MEETING
AT WHICH TIME THE ACTIONS OF THE EXECUTIVE COMMITTEE MAY H	BE REVIEWED AND
RATIFIED BY THE BOARD.	

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS ARE APPOINTED BY THE INTERLOCAL AGREEMENT FOR THE TREASURE COAST WORKFORCE CONSORTIUM (CONSORTIUM). IF THE CONSORTIUM CAN'T AGREE, THEN THE GOVERNOR WILL APPOINT THE BOARD MEMBERS.

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 ON AN ANNUAL BASIS VIA A CONFLICT DISCLOSURE FORM. 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.

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Schedule O (Form 990) 2022 Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	Page Employer identification numbe 65-0054673
FORM 990, PART VI, SECTION B, LINE 15:	
CEO/EXECUTIVE DIRECTOR: THE BOARD RE-EXAMINES THE SAL	ARY RANGES FOR BOARD
EMPLOYEES AND COMPARES THOSE RANGES WITH OTHER MEMBER	S OF THE FLORIDA
WORKFORCE DEVELOPMENT ASSOCIATION.	
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	226,318.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	226,318.
PARTICIPANT WAGES:	
PROGRAM SERVICE EXPENSES	258,981.
ANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
COTAL EXPENSES	258,981.
CUSTODIAL SERVICES:	E1 (2E
PROGRAM SERVICE EXPENSES	71,637.
IANAGEMENT AND GENERAL EXPENSES	4,889.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	76,526.
PROFESSIONAL FEES:	
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Schedule O (Form 990) 2022	Page 2
Name of the organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	Employer identification number 65-0054673
PROGRAM SERVICE EXPENSES	137,259.
MANAGEMENT AND GENERAL EXPENSES	27,025.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	164,284.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	726,109.
Y	
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35	

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(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	WORKFORCE DEVELOPMENT BOARD OF THE				Taxpayer identification number (TIN)	
File by th due date filing you						
return. Se instructio	e 504 MW ONIVERDITE DEVE, 100	oreign add	ress, see instructions.			
Enter t	ne Return Code for the return that this application is for (file		e application for each return)			01
Application Return Application					Return	
Is For		Code	Is For			Code
Form 990 or Form 990-EZ 01 Fo			Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 990-PF 04 Form 5227					10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 9	90-T (trust other than above)	06	6 Form 8870			12
Form 9	90-T (corporation)	07				
	books are in the care of \blacktriangleright LUCIE, FL 34986		4 NW UNIVERSITY BL	, UV, I		51
	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (If it is for part of the group, check this box	Group Exe	mption Number (GEN) I	f this is fo	r the whole group, o	
t J	request an automatic 6-month extension of time until he organization named above. The extension is for the orga	anization's	return for: d ending <u>JUN 30, 2023</u>	the exem	npt organization retu · n	um for
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	3a	\$	0.
any nonrefundable credits. See instructions.b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
-	stimated tax payments made. Include any prior year overp			3b	\$	0.
	Salance due. Subtract line 3b from line 3a. Include your pa					^
	ising EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE for	payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8868 (R	ev. 1-2022)

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