



Executive Committee

MEETING AGENDA

Meeting Details

Date: Friday, January 17, 2025
Time: 8:00 am
Location: Teams Virtual Meeting

MS Teams Virtual Meeting Access:

Access Code: 406 752 455#
Phone: 772-800-5467
URL: [Join the meeting now](#)

Opening Remarks

1. Welcome & Attendance
2. Conflict of Interest Declaration

Voting Items

3. Presentation by James Moore & Company of 2023-IRS Form 990 Tax Return and Approve Acceptance of 990 Tax Return
4. Review and Approve October and November Financial Reports - PY 2024-2025
5. Review and Approve Executive Staff Holiday Gift Cards

Information/Discussion

6. WIOA Primary Indicators of Performance PY2024 and 2025
7. CareerSource Research Coast (CSRC) Updates - PY 2024-2025
 - CareerSource Research Coast Organizational Chart
8. Adjournment - Next Executive Meeting - February 14, 2025

collaborate.
innovate.
lead.



AGENDA ITEM SUMMARY

Title	Declarations of Conflict of Interest
Strategic	N/A
Plans/Goals	Public Law 105-220
Policy/Plan/Law	Information Only
Background/Action Requested	In the event that a conflict of interest arises due to business or employment interests of associates or close family members, a Regional Workforce Development Board member would be required to reveal that conflict, to refrain from voting on the issue and to file a memorandum of voting conflict Commission Form 8B
Staff Recommendations	Conflict of Interest Statement Form
Supporting Material	8B Memorandum of Voting Conflict
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

collaborate.

innovate.

lead.

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
 - The form must be read publicly at the next meeting after the form is filed.
- IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:
- You must disclose orally the nature of your conflict in the measure before participating.
 - You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, _____, hereby disclose that on _____, 20: ____

A measure came or will come before my agency which (check one)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____;
- inured to the special gain or loss of my relative, _____;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of _____, which is the parent organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows

Date Filed

Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

AGENDA ITEM SUMMARY

Title	Presentation by James Moore & Company of the 2023-IRS Form 990 Tax Return and Approve Acceptance of 990 Tax Return
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's
Action Requested	Review Approve Acceptance of 2023-IRS Form 990 Tax Return
Background	<p>The IRS Form 990 (Return of Organization Exempt from Income Tax) is designed to provide:</p> <ul style="list-style-type: none"> • Transparency of activities • A realistic picture of the organization and its operation • A basis for comparing the organization to similar organizations • Tax Compliance <p>The 2023-IRS Form 990 consists of a core form and supplemental schedules. There are questions concerning Board governance and policies and the IRS strongly recommends that all voting members of the governing body receive a copy of the organization's final IRS Form 990 Tax Return prior to its filing.</p>
Staff Recommendations	Review and Approve Acceptance of 2023-IRS Form 990 Tax Return
Supporting Material	Presentation by James Moore & Company/2023 IRS Form 9090 Tax Return
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>

JAMES MOORE & CO., P.L.
121 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114-1180

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.
P.O. BOX 94
FORT PIERCE, FL 34954

|||||

DRAFT

**TAX NOTICE AND AUDIT RESPONSE SUPPORT SERVICE
OPTIONAL ENROLLMENT FORM**

YOU'RE NOT ALWAYS DONE WITH YOUR INCOME TAX RETURN ONCE YOU FILE IT. AND NOTHING DRIVES THAT POINT HOME LIKE A NOTICE FROM THE IRS OR OTHER AGENCY SEEKING MORE INFORMATION.

THAT'S NEVER A GOOD FEELING. SO, WE'VE CREATED THE JAMES MOORE TAX NOTICE AND AUDIT RESPONSE SUPPORT SERVICE FOR INCOME TAXES WE FILE ON YOUR BEHALF.

FOR A SMALL ADDITIONAL FEE, WE'LL BE YOUR ADVOCATE FOR WHATEVER YOU NEED – FROM DRAFTING AN INITIAL LETTER OF RESPONSE TO REQUESTING A LESSER PENALTY, IF WARRANTED. BECAUSE THERE IS NOTHING LIKE HAVING AN EXPERT ON YOUR SIDE TO GIVE YOU PEACE OF MIND.

FEE: THE FEE FOR NON-PROFIT RETURNS WILL BE \$400 FOR THIS SERVICE. THIS SERVICE GOES INTO EFFECT AT THE TIME THIS ENROLLMENT FORM IS SIGNED AND SUBMITTED WITH THE APPROPRIATE FEE.

LIMIT: FOR THE FEE PAID, YOU RECEIVE 20 HOURS OR \$4,000. THIS SERVICE IS ONLY IN EFFECT WHILE THE TAX RETURN IS OPEN UNDER THE STATUTE OF LIMITATIONS FOR IRS EXAMS (THREE YEARS) AND DOES NOT EXTEND TO THE STATUTE OF LIMITATIONS FOR FRAUD OR TO CRIMINAL INVESTIGATIONS.

COVERAGE: FOR CLIENTS WHO CHOOSE TO PARTICIPATE IN THIS PROGRAM, JAMES MOORE WILL ASSIST WITH RESPONDING TO CORRESPONDENCE INITIATED BY THE IRS OR STATE AGENCY FOR NOTICES AND/OR AUDITS (CORRESPONDENCE, REMOTE OR FIELD) THAT LOOK TO AUDIT, EXAMINE, INVESTIGATE, REVIEW, OR VERIFY ITEMS FROM A JAMES MOORE-FILED INCOME TAX RETURN (FEDERAL OR STATE). JAMES MOORE WILL ASSIST THE CLIENT THROUGH THIS PROCESS, LIMITED TO 20 HOURS OF PROFESSIONAL TIME (SEE LIMIT SECTION, ABOVE) INCLUDING ACTIVITIES SUCH AS:

- DRAFTING A LETTER OF RESPONSE
- CALLS TO THE IRS PRACTITIONER HOTLINE
- CORRESPONDENCE WITH THE AUDITOR
- SUBMISSION OF PACKAGE OF REQUESTED ITEMS TO AUDITOR
- DEVELOPMENT OF A STRATEGY
- COMMUNICATION WITH THE CLIENT
- FOLLOW-UP ON DELAYED REFUNDS
- REQUESTS FOR PENALTY ABATEMENT

JAMES MOORE WILL PREPARE A POWER OF ATTORNEY TO HAVE ON FILE WITH THE IRS OR STATE AGENCY SO THAT THE COMPANY WILL RECEIVE COPIES OF ANY NOTICES.

ANY CORRESPONDENCE THAT IS THE RESULT OF AN ERROR ON THE PART OF JAMES MOORE WILL NOT COUNT AGAINST THE BANK OF 20 HOURS IN THIS PROGRAM. JAMES MOORE WILL ALSO REIMBURSE THE CLIENT FOR ANY PENALTIES THAT RESULT FROM AN ERROR ON THE PART OF JAMES MOORE. ANY ADDITIONAL TAX AND/OR INTEREST DUE IS THE RESPONSIBILITY OF THE CLIENT.

EXCLUSIONS: THIS PROGRAM ONLY PROVIDES A BANK OF JAMES MOORE HOURS TO USE. PENALTIES (NOT DUE TO AN ERROR ON THE PART OF JAMES MOORE) AND INTEREST, ADDITIONAL TAX DUE, AND LEGAL ASSISTANCE (IF NEEDED) ARE THE RESPONSIBILITY OF THE CLIENT.

OPTIONAL SERVICE

THE BANK OF HOURS IS LIMITED TO THE SPECIFIC INCOME TAX RETURN IDENTIFIED WHEN ENROLLING IN THIS PROGRAM. ASSISTANCE IS LIMITED TO THE TAX TYPE LISTED ON THE TAX RETURN. *PAYROLL, SALES AND PROPERTY TAXES ARE NOT INCLUDED.* [EXAMPLES: (1) 2021 SALES TAX FILINGS WOULD NOT BE COVERED EVEN WHEN THE 2021 INCOME TAX RETURN IS; (2) A TAX RETURN AUDIT FOR A PARTNER IN A BUSINESS IS ONLY INCLUDED IF THAT PARTNER ENROLLED IN THIS PROGRAM FOR HIS/HER INCOME TAX RETURN.]

THIS PROGRAM IS LIMITED TO INCOME TAX RETURNS THAT ARE PREPARED AND FILED BY JAMES MOORE.

TIME SPENT TO PREPARE ADDITIONAL TAX FILINGS, SUCH AS AMENDED RETURN, IS NOT COVERED UNDER THIS PROGRAM.

JAMES MOORE WILL NOT PROVIDE BOOKKEEPING OR ORGANIZATION OF RECORDS UNDER THIS PROGRAM. WE CAN PROVIDE ASSISTANCE IF NEEDED, BUT TIME WILL BE BILLED AT HOURLY RATES.

COLLECTION NOTICES, SET UP OF INSTALLMENT AGREEMENTS AND OFFER IN COMPROMISE ARE NOT INCLUDED IN THIS PROGRAM.

ANY COSTS INCURRED DUE TO UNTIMELINESS ON THE PART OF THE CLIENT ARE NOT COVERED.

DEADLINE TO OPT-IN: TO BE ELIGIBLE TO OPT-IN TO THIS PROGRAM, YOU MUST RETURN THIS SIGNED FORM WITHIN 90 DAYS OF THE TAX RETURN BEING FILED BY JAMES MOORE (THE DATE YOU RETURN THE SIGNED E-FILE FORM OR TAX RETURN FORMS TO US). FOR TAX RETURNS FILED DIRECTLY BY YOU, THE SIGNED FORM MUST BE RETURNED TO JAMES MOORE WITHIN 90 DAYS OF THE DATE THE RETURN IS DELIVERED TO YOU BY JAMES MOORE.

PLEASE CHECK YES OR NO, SIGN, AND RETURN THIS FORM TO YOUR CPA.

NO, I DO NOT WANT THIS OPTIONAL SERVICE.

BY OPTING OUT OF THIS PROGRAM I UNDERSTAND THAT, IF I WOULD LIKE ASSISTANCE RESPONDING TO A TAX NOTICE OR AUDIT IN THE FUTURE, IT WILL BE A SEPARATE ENGAGEMENT AND FEES FOR THE ENGAGEMENT WILL BE BASED ON CURRENT HOURLY RATES.

YES, I WANT THIS OPTIONAL SERVICE. PLEASE BILL ME SEPARATELY.

TREASURE COAST, INC.

TAX RETURN YEAR: 2023

CLIENT SIGNATURE: _____ **DATE:** _____

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.
P.O. BOX 94
FORT PIERCE, FL 34954

PREPARED BY:

JAMES MOORE & CO., P.L.
121 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114-1180

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE PRIOR TO MAY 15, 2025.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

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

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

EIN or SSN
65-0054673

Name and title of officer or person subject to tax **BRIAN BAUER
PRESIDENT/CEO**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,980,335.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **JAMES MOORE & CO., P.L.** to enter my PIN **05312**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

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

50157904155

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **JAMES MOORE & CO., P.L.**

Date **01/06/25**

ERO Must Retain This Form - See Instructions

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

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

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC. Doing business as CAREER SOURCE RESEARCH COAST Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 94 City or town, state or province, country, and ZIP or foreign postal code FORT PIERCE, FL 34954 F Name and address of principal officer: BRIAN BAUER SAME AS C ABOVE	D Employer identification number 65-0054673 E Telephone number (866) 482-4473 G Gross receipts \$ 5,980,335. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CAREERSOURCERC.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1983 M State of legal domicile: FL

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	27
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,869,392.	Current Year 5,929,975.
	9 Program service revenue (Part VIII, line 2g)	76,091.	44,549.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,399.	5,811.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,946,882.	5,980,335.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	721,882.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,940,900.	3,019,917.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,353,025.	2,224,605.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,015,807.	6,030,674.	
19 Revenue less expenses. Subtract line 18 from line 12	-68,925.	-50,339.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,954,009.	End of Year 3,437,897.
	21 Total liabilities (Part X, line 26)	3,809,239.	3,343,466.
	22 Net assets or fund balances. Subtract line 21 from line 20	144,770.	94,431.

Part II Signature Block

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

Sign Here	Signature of officer BRIAN BAUER, PRESIDENT/CEO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JAMES A. HALLERAN	Preparer's signature JAMES A. HALLERAN
	Firm's name JAMES MOORE & CO., P.L.	Date 01/06/25
	Firm's address 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180	Check if self-employed <input type="checkbox"/> PTIN P00005496
		Firm's EIN 59-3204548
		Phone no. 386-257-4100

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

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.

Form 990 (2023)

65-0054673 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,986,960. including grants of \$) (Revenue \$)

WIOA ADULT: THESE FUNDS ARE PROVIDED UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT TO ESTABLISH PROGRAMS TO PREPARE UNSKILLED ADULTS FOR ENTRY INTO THE LABOR FORCE AND TO AFFORD JOB TRAINING TO THOSE ECONOMICALLY DISADVANTAGED INDIVIDUALS AND OTHER INDIVIDUALS FACING SERIOUS BARRIERS TO EMPLOYMENT WHO ARE IN SPECIAL NEED OF SUCH TRAINING TO OBTAIN PRODUCTIVE EMPLOYMENT.

4b (Code:) (Expenses \$ 898,380. including grants of \$ 786,152.) (Revenue \$)

WIOA YOUTH: THESE FUNDS ARE PROVIDED UNDER THE WORKFORCE INNOVATION AND OPPORTUNITY ACT TO ASSIST IN PROVIDING HIGH QUALITY SERVICES FOR YOUTH AND YOUNG ADULTS BEGINNING WITH CAREER EXPLORATION AND GUIDANCE, CONTINUED SUPPORT FOR EDUCATIONAL ATTAINMENT, OPPORTUNITIES FOR SKILLS TRAINING IN IN-DEMAND INDUSTRIES AND OCCUPATIONS, AND CULMINATING WITH A GOOD JOB ALONG A CAREER PATHWAY OR ENROLLMENT IN POST-SECONDARY EDUCATION.

4c (Code:) (Expenses \$ 717,839. including grants of \$) (Revenue \$)

WELFARE TRANSITION: THIS IS THE STATE OF FLORIDA'S WELFARE REFORM LEGISLATION. THE WELFARE TRANSITION PROGRAM PROVIDES EMPLOYMENT, TRAINING AND EDUCATIONAL SERVICES AS WELL AS CHILDCARE AND OTHER SUPPORTIVE SERVICES. THIS PROGRAM ASSISTS IN THE TRANSITION FROM PUBLIC ASSISTANCE TO EMPLOYMENT.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,743,510. including grants of \$) (Revenue \$ 44,549.)

4e Total program service expenses 5,346,689.

Form 990 (2023)

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Part IV Checklist of Required Schedules

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

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990 (2023)

65-0054673 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		47
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
LISA DELLIGATTI - (866) 482-4473
P.O. BOX 94 , FORT PIERCE, FL 34954

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN BAUER PRESIDENT/CEO AND SECRETARY	40.00			X			140,636.	0.	14,771.	
(2) TRACEY MCMORRIS COO/VP	40.00			X			104,593.	0.	13,375.	
(3) LISA DELLIGATTI CFO	40.00			X			101,763.	0.	13,507.	
(4) CHRIS DZADOVSKY - UNTIL 11/30/2 DIRECTOR	1.00	X					0.	0.	0.	
(5) DAVID FREELAND DIRECTOR	1.00	X					0.	0.	0.	
(6) DAVID MOORE DIRECTOR	1.00	X					0.	0.	0.	
(7) DEBBIE PEREZ DIRECTOR	1.00	X					0.	0.	0.	
(8) DORI STONE DIRECTOR	1.00	X					0.	0.	0.	
(9) DOUG SMITH DIRECTOR	1.00	X					0.	0.	0.	
(10) HELENE CASELTINE DIRECTOR	1.00	X					0.	0.	0.	
(11) JAMIE FOWLER - AS OF 12/1/2023 DIRECTOR	1.00	X					0.	0.	0.	
(12) JEANNIE MCCALL DIRECTOR	1.00	X					0.	0.	0.	
(13) JIM BRANN VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) JOHN MILLAY DIRECTOR	1.00	X					0.	0.	0.	
(15) JONATHAN PRINCE DIRECTOR	1.00	X					0.	0.	0.	
(16) JOSE CAPELLAN DIRECTOR	1.00	X					0.	0.	0.	
(17) KEVIN STATEN DIRECTOR	1.00	X					0.	0.	0.	

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LARRY LEET DIRECTOR	1.00	X					0.	0.	0.	
(19) LAURA MOSS - AS OF 12/1/2023 DIRECTOR	1.00	X					0.	0.	0.	
(20) LAWRENCE HAWES DIRECTOR	1.00	X					0.	0.	0.	
(21) LESLIE KRISTOF CHAIR	1.00	X		X			0.	0.	0.	
(22) LORNA LANDHERR DIRECTOR	1.00	X					0.	0.	0.	
(23) MADDIE WILLIAMS TREASURER	2.00	X		X			0.	0.	0.	
(24) MICHAEL KAUFFMAN DIRECTOR	1.00	X					0.	0.	0.	
(25) MICHAEL MAINE DIRECTOR	1.00	X					0.	0.	0.	
(26) PAMELA BURCHELL PAST CHAIR	1.00	X					0.	0.	0.	
1b Subtotal							346,992.	0.	41,653.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							346,992.	0.	41,653.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PSL BUSINESS CENTER , 13280 NE 6TH AVENUE OFFICE - 100, NORTH MIAMI, FL 33161	RENT	290,816.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

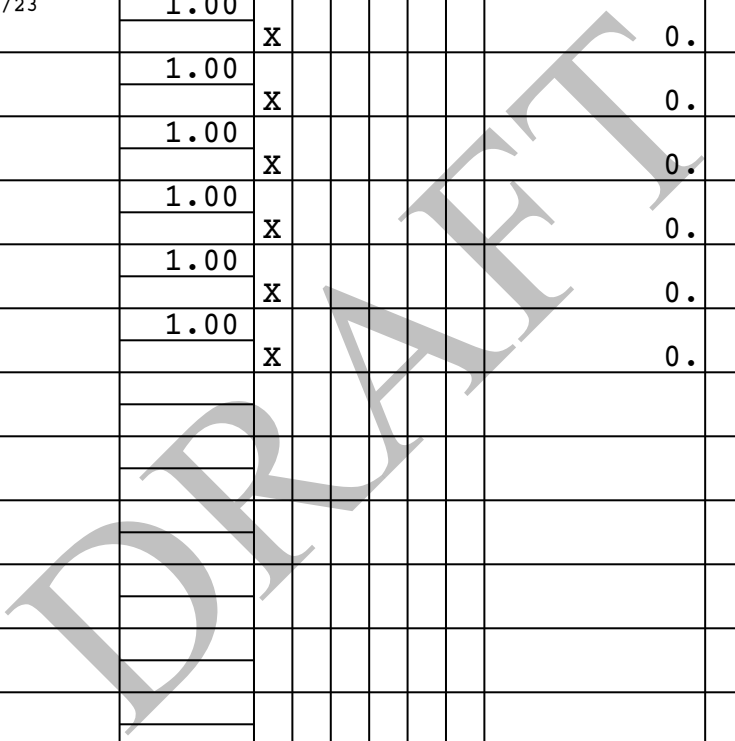
**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990

65-0054673

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAMELA HOUGHTEN DIRECTOR	1.00	X						0.	0.	0.
(28) PETE TESH DIRECTOR	1.00	X						0.	0.	0.
(29) ROBERT CENK DIRECTOR	1.00	X						0.	0.	0.
(30) SUSAN ADAMS UNTIL 11/30/23 DIRECTOR	1.00	X						0.	0.	0.
(31) TERRANCE MOORE DIRECTOR	1.00	X						0.	0.	0.
(32) TIMOTHY MOORE DIRECTOR	1.00	X						0.	0.	0.
(33) WAYNE OLSON DIRECTOR	1.00	X						0.	0.	0.
(34) WERNER BOLS DIRECTOR	1.00	X						0.	0.	0.
(35) WILLIAM ARMSTEAD DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990 (2023)

65-0054673 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,929,975.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		5,929,975.				
Program Service Revenue	2 a EMPLOYMENT EVENTS	Business Code					
		624310	44,549.	44,549.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		44,549.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,811.			5,811.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		5,980,335.	44,549.	0.	5,811.		

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990 (2023)

65-0054673 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	786,152.	786,152.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	379,415.	174,285.	205,130.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,090,654.	1,880,072.	210,582.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,742.	46,010.	5,732.	
9 Other employee benefits	312,689.	288,181.	24,508.	
10 Payroll taxes	185,417.	155,426.	29,991.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,865.		1,865.	
c Accounting	33,350.		33,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	393,792.	359,733.	34,059.	
12 Advertising and promotion	41,109.	40,912.	197.	
13 Office expenses	90,706.	82,206.	8,500.	
14 Information technology	94,879.	73,156.	21,723.	
15 Royalties				
16 Occupancy	102,773.	41,804.	60,969.	
17 Travel	45,363.	34,635.	10,728.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ..				
19 Conferences, conventions, and meetings	124,483.	119,020.	5,463.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	403,045.	403,045.		
23 Insurance	45,156.	36,107.	9,049.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING	666,511.	661,063.	5,448.	
b EQUIPMENT	93,686.	85,388.	8,298.	
c REPAIRS & MAINTENANCE	60,564.	52,927.	7,637.	
d SUPPORT SERVICES	11,811.	11,811.		
e All other expenses	15,512.	14,756.	756.	
25 Total functional expenses. Add lines 1 through 24e	6,030,674.	5,346,689.	683,985.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990 (2023)

65-0054673 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	78,767.	1	32,152.
	2 Savings and temporary cash investments	590,403.	2	639,607.
	3 Pledges and grants receivable, net	269,778.	3	135,311.
	4 Accounts receivable, net	1,484.	4	4,231.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	50,420.	9	64,103.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 808,697.		
	b Less: accumulated depreciation	10b 711,186.	111,042.	10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	2,842,080.	14	2,452,566.
	15 Other assets. See Part IV, line 11	10,035.	15	12,416.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,954,009.	16	3,437,897.	
Liabilities	17 Accounts payable and accrued expenses	426,552.	17	468,487.
	18 Grants payable		18	
	19 Deferred revenue	374,712.	19	224,351.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,007,975.	25	2,650,628.
	26 Total liabilities. Add lines 17 through 25	3,809,239.	26	3,343,466.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	199,623.	29	194,982.
	30 Paid-in or capital surplus, or land, building, or equipment fund	-54,853.	30	-100,551.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	0.
	32 Total net assets or fund balances	144,770.	32	94,431.
33 Total liabilities and net assets/fund balances	3,954,009.	33	3,437,897.	

Form **990** (2023)

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Form 990 (2023)

65-0054673 Page **12**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,980,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,030,674.
3	Revenue less expenses. Subtract line 2 from line 1	3	-50,339.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	144,770.
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	94,431.

Part XII Financial Statements and Reporting

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

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

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6376037.	7345941.	6827372.	5869392.	5929975.	32348717.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6376037.	7345941.	6827372.	5869392.	5929975.	32348717.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						32348717.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6376037.	7345941.	6827372.	5869392.	5929975.	32348717.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					5,811.	5,811.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						32354528.
12 Gross receipts from related activities, etc. (see instructions)					12	427,628.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Schedule A (Form 990) 2023

65-0054673 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.

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

DRAFT

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Employer identification number

65-0054673

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVENUE, N.W. WASHINGTON, DC 20210	\$ 4,716,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 826,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20250	\$ 251,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ST. LUCIE BOARD OF COUNTY COMMISSIONERS 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982	\$ 134,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Employer identification number

65-0054673

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		217,856.	128,151.	89,705.
d Equipment		143,455.	135,649.	7,806.
e Other		447,386.	447,386.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				97,511.

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Schedule D (Form 990) 2023

65-0054673 Page **3**

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	2,650,628.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,650,628.

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

Schedule D (Form 990) 2023

WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,980,335.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	5,980,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,980,335.

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

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

1	Total expenses and losses per audited financial statements		1	6,030,674.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	6,030,674.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,030,674.

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, 2024 AND 2023, 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

Part XIII Supplemental Information *(continued)*

TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FOR INCOME TAXES
HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE BOARD'S INCOME TAX
RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX
AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.

DRAFT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
65-0054673

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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)	756,710.	0.			WIOA YOUTH SERVICES CONTRACT
WORKFORCE COORDINATION CONSULTING 349 NE GULFSTREAM AVENUE PORT SAINT LUCIE, FL 34983	93-3169412		29,442.	0.			ONE STOP OPERATOR

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

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

Schedule I (Form 990) 2023

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**WORKFORCE DEVELOPMENT BOARD OF THE
TREASURE COAST, INC.**

Schedule J (Form 990) 2023

65-0054673

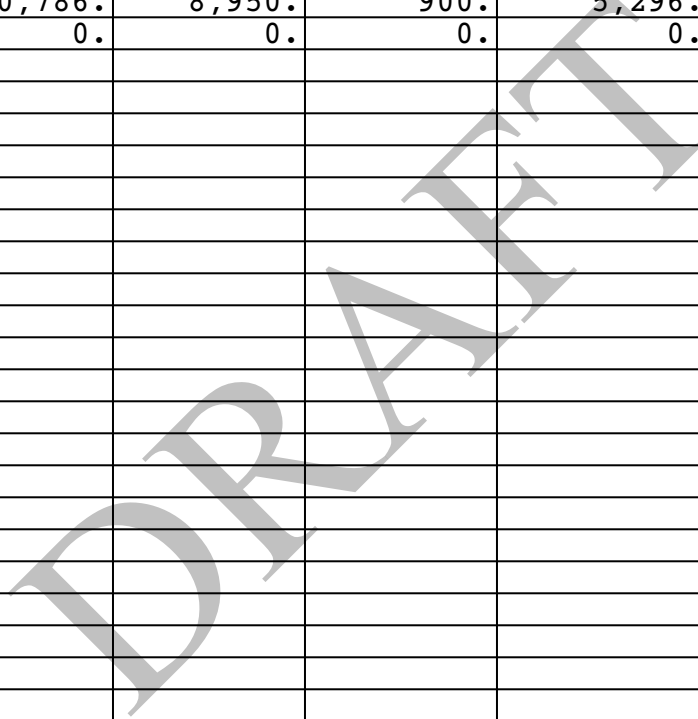
Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN BAUER PRESIDENT/CEO AND SECRETARY	(i)	130,786.	8,950.	900.	5,296.	9,475.	155,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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 WORKERS, WAGNER PEYSER, FOODSTAMP EMPLOYMENT & TRAINING PROGRAM, LOCAL VETERANS EMPLOYMENT REPRESENTATIVES (LVER), DISABLED VETERANS' OUTREACH PROGRAM (DVOP), FATES PATHWAYS TO PROSPERITY, REEMPLOYMENT & ELIGIBILITY ASSESSMENT, APPRENTICESHIP NAVIGATOR, RECOVERY NAVIGATOR, FLORIDA ATLANTIC WORKFORCE ALLIANCE, SLC-BOCC SUMMER YOUTH GRANT, HOPE NAVIGATOR, HOPE TRAINING, WORKFORCE SUMMIT GRANTS AND TICKET TO WORK. EXPENSES \$ 1,743,510. INCLUDING GRANTS OF \$ 0. REVENUE \$ 44,549.

FORM 990, PART VI, SECTION A, LINE 1A:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIRPERSON, VICE CHAIRPERSON, TREASURER, IMMEDIATE PAST CHAIRPERSON, AND SUCH OTHER MEMBERS OF THE BOARD AS ARE APPOINTED BY THE CHAIRPERSON. THE EXECUTIVE COMMITTEE SHALL SERVE AS A COMMITTEE WITH ADMINISTRATIVE OVERSIGHT 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 EXECUTIVE COMMITTEE OF THE BOARD. AN EXECUTIVE COMMITTEE REPORT WILL BE MADE AT EACH BOARD MEETING AT WHICH TIME THE ACTIONS OF THE EXECUTIVE COMMITTEE MAY 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.

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

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

CEO/EXECUTIVE DIRECTOR: THE BOARD RE-EXAMINES THE SALARY RANGES FOR BOARD EMPLOYEES AND COMPARES THOSE RANGES WITH OTHER MEMBERS 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	152,745.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	152,745.

PARTICIPANT WAGES:

PROGRAM SERVICE EXPENSES	65,128.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	65,128.

CUSTODIAL SERVICES:

PROGRAM SERVICE EXPENSES	58,134.
MANAGEMENT AND GENERAL EXPENSES	5,420.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,554.

PROFESSIONAL FEES:

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

PROGRAM SERVICE EXPENSES	83,726.
MANAGEMENT AND GENERAL EXPENSES	28,639.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	112,365.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	393,792.

DRAFT

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. WORKFORCE DEVELOPMENT BOARD OF THE TREASURE COAST, INC.	Taxpayer identification number (TIN) 65-0054673
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 94	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT PIERCE, FL 34954	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **LISA DELLIGATTI**
P.O. BOX 94 - FORT PIERCE, FL 34954

Telephone No. **(866) 482-4473** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

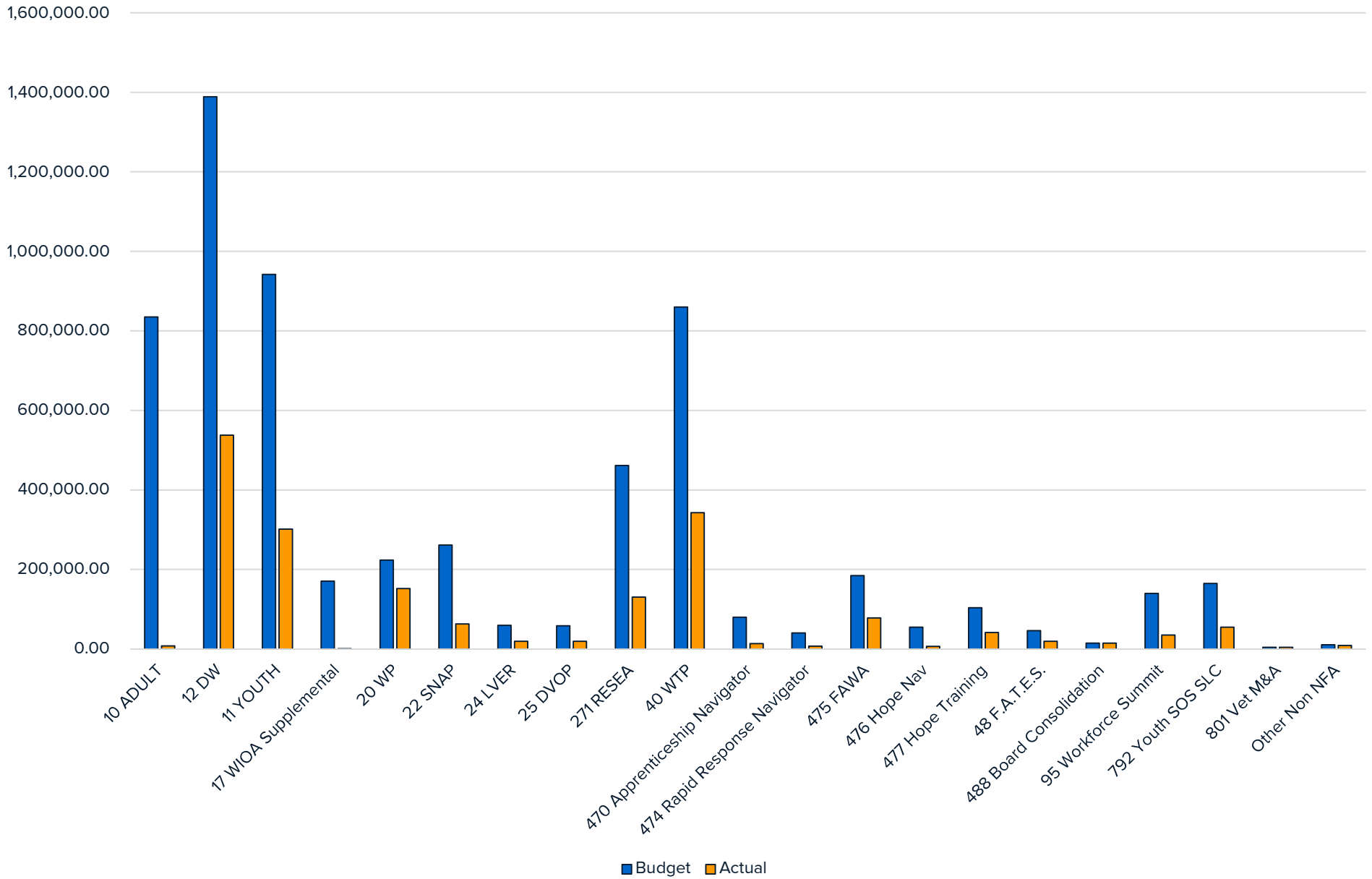
AGENDA ITEM SUMMARY

Title	Review and Approve Financial Reports
Strategic Plans/Goals	Optimal Use of Resources
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA)/Role of LWDB's
Action Requested	Review and Approve October and November Financial Reports - PY 2024-2025
Background	The Board approved the budget for PY 2024-2025. The Executive Committee regularly reviews budgets, all amendments to the budget, and monthly expenditures.
Staff Recommendations	Review and Approve October and November Financial Reports
Supporting Material	Monthly Financial Reports, Statement of Financial Position
Board Staff	Lisa Delligatti Chief Financial Officer ldelligatti@careersourcerc.com (866) 482-4473 ext. 430

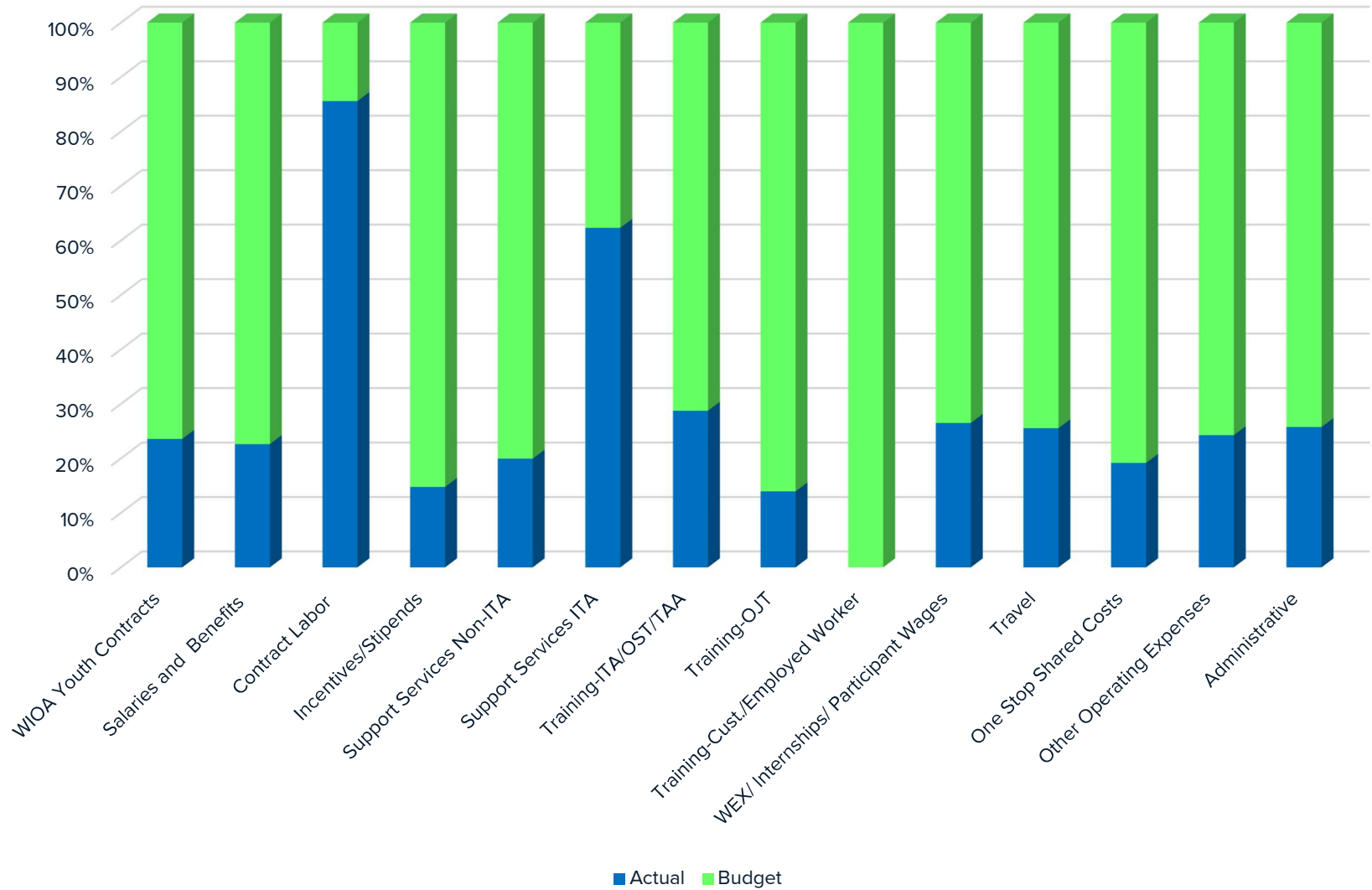
LWDB 20
Summary of Funding and Expenditures
as of October 31, 2024

PY 24-25 TOTAL AVAILABLE FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	17 WIOA Supplemental	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	40 WTP	470 Apprenticeship Navigator	474 Rapid Response Navigator
PY 24-25 Allocations		\$ 826,927	\$ 747,469	\$ 684,294	\$ 170,532	\$ 794,094	\$ 277,746	\$ 126,167	\$ 166,108	\$ 453,000	\$ 963,229	\$ 80,000	\$ 75,000
PY 24-25 Supplemental		\$ -	\$ 164,384	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ (340,990)	\$ -	\$ (78,446)	\$ (91,168)	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 25-26		\$ -	\$ (323,313)	\$ (337,262)	\$ -	\$ (330,407)	\$ (93,026)	\$ (8,699)	\$ (41,090)	\$ (114,078)	\$ (369,333)	\$ -	\$ (34,419)
Carryforward from PY 23-24		\$ 8,026	\$ 800,000	\$ 595,000	\$ -	\$ 101,125	\$ 76,500	\$ 20,463	\$ 24,529	\$ 122,540	\$ 265,803	\$ -	\$ -
Total DEO Grant Funding		\$ 834,953	\$ 1,388,540	\$ 942,032	\$ 170,532	\$ 223,822	\$ 261,220	\$ 59,485	\$ 58,379	\$ 461,462	\$ 859,699	\$ 80,000	\$ 40,581
OTHER NON DEO REVENUES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ 834,953	\$ 1,388,540	\$ 942,032	\$ 170,532	\$ 223,822	\$ 261,220	\$ 59,485	\$ 58,379	\$ 461,462	\$ 859,699	\$ 80,000	\$ 40,581
FUNDING DRAWN DOWN YTD													
FUNDING DRAWN DOWN YTD	INDIRECT	10 ADULT	12 DW	11 YOUTH	17 WIOA Supplemental	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	40 WTP	470 Apprenticeship Navigator	474 Rapid Response Navigator
PY 24-25 Allocations		\$ -	\$ -	\$ -	\$ -	\$ 39,695	\$ 20,000	\$ -	\$ -	\$ 19,500	\$ 97,981	\$ 9,700	\$ 6,300
PY 24-25 Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 25-26		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 23-24		\$ 8,026	\$ 604,106	\$ 235,817	\$ -	\$ 101,125	\$ 41,375	\$ 16,174	\$ 15,491	\$ 105,228	\$ 265,803	\$ -	\$ -
Total DEO Grant Funding		\$ 8,026	\$ 604,106	\$ 235,817	\$ -	\$ 140,819	\$ 61,375	\$ 16,174	\$ 15,491	\$ 124,728	\$ 363,784	\$ 9,700	\$ 6,300
OTHER NON DEO REVENUES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 8,026	\$ 604,106	\$ 235,817	\$ -	\$ 140,819	\$ 61,375	\$ 16,174	\$ 15,491	\$ 124,728	\$ 363,784	\$ 9,700	\$ 6,300
% of Total Budgeted Funding Received		0.96%	43.51%	25.03%	0.00%	62.92%	23.50%	27.19%	26.54%	27.03%	42.32%	12.13%	15.52%
EXPENDITURES													
Administrative	\$ -	\$ -	\$ 57,963	\$ 9,260	\$ 159	\$ 42,977	\$ 9,011	\$ 1,973	\$ 2,087	\$ 18,691	\$ 49,752	\$ 2,003	\$ 1,053
Salaries and Benefits	\$ 139,570	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 94,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ (234,105)	\$ 93,019	\$ 3,944	\$ 9,260	\$ -	\$ 3,977	\$ 9,011	\$ 1,973	\$ 2,087	\$ 18,691	\$ 49,752	\$ 2,003	\$ 1,053
Reclassification	\$ -	\$ (93,019)	\$ 54,019	\$ -	\$ 159	\$ 39,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ -	\$ 8,026	\$ 479,460	\$ 292,024	\$ 860	\$ 108,974	\$ 53,819	\$ 17,306	\$ 17,457	\$ 111,838	\$ 293,187	\$ 11,666	\$ 6,279
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ 246,760	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 78,197	\$ 249,731	\$ 12,403	\$ 5,427	\$ -	\$ 6,953	\$ 33,434	\$ 1,214	\$ 1,822	\$ 78,947	\$ 148,592	\$ 8,226	\$ 4,697
Contract Labor	\$ -	\$ 7,540	\$ 341	\$ -	\$ -	\$ 44	\$ 2,043	\$ 17	\$ 26	\$ 2,714	\$ 24,214	\$ 237	\$ 90
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,100	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ 375	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,266	\$ -	\$ -
Support Services ITA	\$ -	\$ 16,176	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ 103,502	\$ 2,925	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-OJT	\$ -	\$ 49,389	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ 1,935	\$ 89	\$ 516	\$ -	\$ 136	\$ 883	\$ 2,261	\$ 1,722	\$ 526	\$ 1,758	\$ 302	\$ 14
One Stop Shared Costs	\$ -	\$ 42,109	\$ 2,151	\$ -	\$ -	\$ 16,567	\$ 7,186	\$ 12,044	\$ 12,004	\$ 16,219	\$ 32,175	\$ 1,821	\$ 686
Other Operating Expenses	\$ 18,069	\$ 29,139	\$ 2,213	\$ 35,513	\$ -	\$ 9,937	\$ 6,567	\$ 957	\$ 1,025	\$ 5,746	\$ 61,623	\$ 256	\$ 359
Allocated Program Indirect	\$ (96,266)	\$ 38,250	\$ 1,622	\$ 3,808	\$ -	\$ 1,635	\$ 3,706	\$ 811	\$ 858	\$ 7,686	\$ 20,458	\$ 824	\$ 433
Reclassification	\$ -	\$ (530,120)	\$ 456,417	\$ -	\$ 860	\$ 73,703	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 0	\$ 8,026	\$ 537,423	\$ 301,284	\$ 1,019	\$ 151,952	\$ 62,830	\$ 19,278	\$ 19,544	\$ 130,529	\$ 342,939	\$ 13,669	\$ 7,331
Funding Over/(under) expenditures	\$ 0	\$ (0)	\$ 66,684	\$ (65,467)	\$ (1,019)	\$ (11,133)	\$ (1,455)	\$ (3,104)	\$ (4,053)	\$ (5,801)	\$ 20,845	\$ (3,969)	\$ (1,031)
YTD % of Budgeted Funds Expended		0.96%	38.70%	31.98%	0.60%	67.89%	24.05%	32.41%	33.48%	28.29%	39.89%	17.09%	18.07%

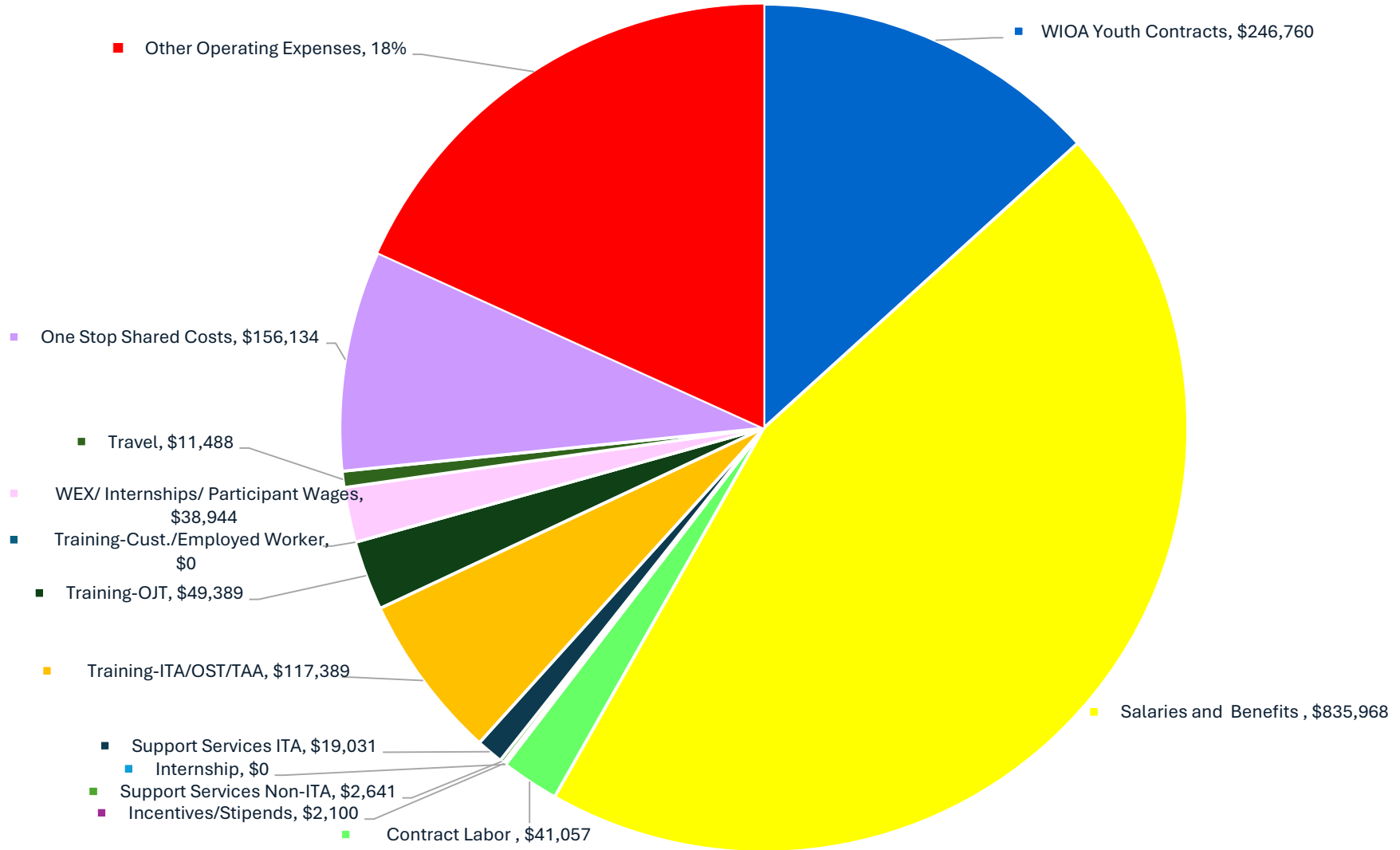
Budget to Actual by Program



Expenditures by Category



Expenditure Categories



Workforce Development Board of the Treasure Coast, Inc.
Statement of Financial Position
As of 10/31/2024

Assets

Current assets

Cash - Accounts Payable	5,719.25
Cash - Payroll	31,696.18
Cash - Business Checking W/Int.	472,414.58
Accounts Receivable Customers	2,012.14
Accounts Receivable - Other	81.00
Grants Receivable	(91.58)
Prepaid Expenses	51,059.51
Deposits	10,035.12
Due TO/ Due FROM	3,139.61
Total Current assets	576,065.81

Non-current assets

Data Processing Equipment	119,215.39
Vehicles	447,386.10
Lease Assets - Building	3,719,789.00
Lease Assets - Equipment	248,370.00
Leasehold Improvements	217,855.62
Accumulated Depreciation	(711,185.63)
Accumulated Amortization	(1,515,593.00)
Other Assets	24,240.00
Total Non-current assets	2,550,077.48
Total Assets	3,126,143.29

Liabilities & Net Assets

Current Liabilities

Accounts Payable	47,291.15
Accrued Expenses	86,313.71
Federal Withholding Tax	(0.01)
FICA Payable	0.60
SUTA Payable	34.82
Principal Insurance	57.10
Health Insurance Payable	(1,810.26)
AFLAC Payable	77.92
Legal Shield	131.39
Workers Comp Payable	5,944.22
Accrued Leave	101,681.04
Lease Interest Payable	5,257.00
Refundable Advances	1,844.19
Deferred Revenue	522.50
Total Current Liabilities	247,345.37

Non-current liabilities

Short-term Lease Liability	316,523.00
Long-term Lease Liability	2,650,628.00
Lease Liability Offest	(316,523.00)
Total Non-current liabilities	2,650,628.00

Net Assets

Beginning of Year	1,032,582.20
Current Year	(804,412.28)
Total Net Assets	228,169.92
Total Liabilities & Net Assets	3,126,143.29

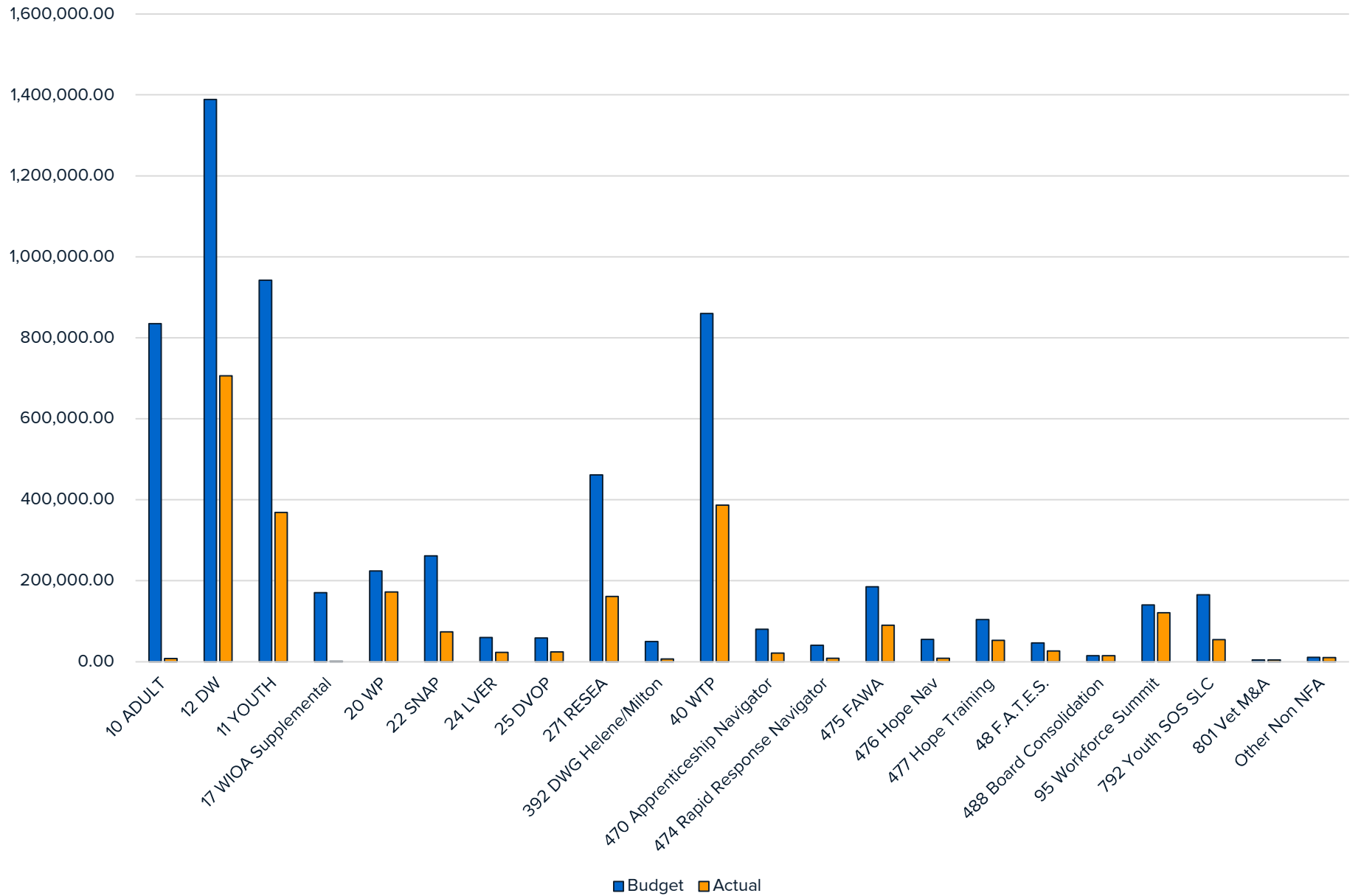
LWDB 20
Summary of Funding and Expenditures
as of November 30, 2024

PY 24-25 TOTAL AVAILABLE FUNDING	INDIRECT	10 ADULT	12 DW	11 YOUTH	17 WIOA Supplemental	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	392 DWG Helene Milton	40 WTP	470 Apprenticeship Navigator	474 Rapid Response Navigator
PY 24-25 Allocations		\$ 826,927	\$ 747,469	\$ 684,294	\$ 170,532	\$ -	\$ 794,094	\$ 277,746	\$ 126,167	\$ 166,108	\$ 453,000	\$ 50,000	\$ 963,229	\$ 80,000	\$ 75,000
PY 24-25 Supplemental		\$ -	\$ 164,384	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ (340,990)	\$ -	\$ (78,446)	\$ (91,168)	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 25-26		\$ -	\$ (323,313)	\$ (337,262)	\$ -	\$ -	\$ (330,407)	\$ (93,026)	\$ (8,699)	\$ (41,090)	\$ (114,078)	\$ -	\$ (369,333)	\$ -	\$ (34,419)
Carryforward from PY 23-24		\$ 8,026	\$ 800,000	\$ 595,000	\$ -	\$ -	\$ 101,125	\$ 76,500	\$ 20,463	\$ 24,529	\$ 122,540	\$ -	\$ 265,803	\$ -	\$ -
Total DEO Grant Funding		\$ 834,953	\$ 1,388,540	\$ 942,032	\$ 170,532	\$ -	\$ 223,822	\$ 261,220	\$ 59,485	\$ 58,379	\$ 461,462	\$ -	\$ 859,699	\$ 80,000	\$ 40,581
OTHER NON DEO REVENUES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ 834,953	\$ 1,388,540	\$ 942,032	\$ 170,532	\$ -	\$ 223,822	\$ 261,220	\$ 59,485	\$ 58,379	\$ 461,462	\$ 50,000	\$ 859,699	\$ 80,000	\$ 40,581
FUNDING DRAWN DOWN YTD	INDIRECT	10 ADULT	12 DW	11 YOUTH	17 WIOA Supplemental	122 Florida Rebuild	20 WP	22 SNAP	24 LVER	25 DVOP	271 RESEA	392 DWG Helene Milton	40 WTP	470 Apprenticeship Navigator	474 Rapid Response Navigator
PY 24-25 Allocations		\$ -	\$ -	\$ -	\$ 1,019	\$ -	\$ 62,695	\$ 3,875	\$ 2,711	\$ -	\$ 46,272	\$ 5,000	\$ 132,981	\$ 20,300	\$ 9,400
PY 24-25 Supplemental		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Additional Funds/Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Retained by DEO for Merit Salaries		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward to PY 25-26		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Carryforward from PY 23-24		\$ 8,026	\$ 704,106	\$ 301,317	\$ -	\$ -	\$ 101,125	\$ 76,500	\$ 20,463	\$ 19,545	\$ 122,540	\$ -	\$ 265,803	\$ -	\$ -
Total DEO Grant Funding		\$ 8,026	\$ 704,106	\$ 301,317	\$ -	\$ -	\$ 163,819	\$ 80,375	\$ 23,174	\$ 19,545	\$ 168,812	\$ 5,000	\$ 398,784	\$ 20,300	\$ 9,400
OTHER NON DEO REVENUES		\$ -	\$ -	\$ -	\$ 1,019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL		\$ 8,026	\$ 704,106	\$ 301,317	\$ 1,019	\$ -	\$ 163,819	\$ 80,375	\$ 23,174	\$ 19,545	\$ 168,812	\$ 10,000	\$ 398,784	\$ 20,300	\$ 9,400
% of Total Budgeted Funding Received		0.96%	50.71%	31.99%	0.60%	#DIV/0!	73.19%	30.77%	38.96%	33.48%	36.58%	20.00%	46.39%	25.38%	23.16%
EXPENDITURES															
Administrative	\$ 0	\$ -	\$ 73,487	\$ 10,399	\$ 136	\$ -	\$ 55,638	\$ 10,600	\$ 2,399	\$ 2,637	\$ 23,097	\$ 978	\$ 56,053	\$ 3,121	\$ 1,177
Salaries and Benefits	\$ 180,654	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
General and Administrative	\$ 116,211	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Allocated Indirect Costs	\$ (296,865)	\$ 119,571	\$ 4,455	\$ 10,399	\$ -	\$ -	\$ 5,098	\$ 10,600	\$ 2,399	\$ 2,637	\$ 23,097	\$ 978	\$ 56,053	\$ 3,121	\$ 1,177
Reclassification	\$ -	\$ (119,571)	\$ 69,031	\$ -	\$ 136	\$ -	\$ 50,540	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Training	\$ (0)	\$ 8,026	\$ 632,656	\$ 358,228	\$ 809	\$ -	\$ 116,702	\$ 63,144	\$ 20,499	\$ 21,661	\$ 137,708	\$ 5,336	\$ 330,567	\$ 18,152	\$ 7,015
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ 305,439	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries and Benefits	\$ 96,501	\$ 308,397	\$ 14,577	\$ 6,688	\$ -	\$ -	\$ 9,103	\$ 39,624	\$ 1,679	\$ 2,479	\$ 97,289	\$ -	\$ 170,247	\$ 13,507	\$ 5,312
Contract Labor	\$ -	\$ 7,851	\$ 357	\$ -	\$ -	\$ -	\$ 47	\$ 2,690	\$ 19	\$ 28	\$ 2,862	\$ 4,950	\$ 29,053	\$ 278	\$ 93
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,800	\$ -	\$ -
Support Services Non-ITA	\$ -	\$ 850	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,316	\$ -	\$ -
Support Services ITA	\$ -	\$ 22,550	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-ITA/OST/TAA	\$ -	\$ 146,161	\$ 2,925	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-OJT	\$ -	\$ 57,928	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 60	\$ 2,301	\$ 101	\$ 527	\$ -	\$ -	\$ 158	\$ 921	\$ 2,949	\$ 2,444	\$ 639	\$ -	\$ 1,906	\$ 323	\$ 16
One Stop Shared Costs	\$ -	\$ 47,595	\$ 2,435	\$ -	\$ -	\$ -	\$ 19,796	\$ 8,030	\$ 13,787	\$ 14,472	\$ 18,981	\$ -	\$ 35,442	\$ 2,530	\$ 741
Other Operating Expenses	\$ 20,489	\$ 47,525	\$ 2,630	\$ 41,474	\$ -	\$ -	\$ 11,884	\$ 7,699	\$ 1,119	\$ 1,199	\$ 8,831	\$ -	\$ 66,701	\$ 284	\$ 389
Allocated Program Indirect	\$ (117,050)	\$ 47,146	\$ 1,757	\$ 4,100	\$ -	\$ -	\$ 2,010	\$ 4,179	\$ 946	\$ 1,040	\$ 9,107	\$ 386	\$ 22,101	\$ 1,230	\$ 464
Reclassification	\$ -	\$ (680,278)	\$ 606,575	\$ -	\$ 809	\$ -	\$ 73,703	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ 0	\$ 8,026	\$ 706,143	\$ 368,627	\$ 945	\$ -	\$ 172,340	\$ 73,744	\$ 22,899	\$ 24,298	\$ 160,805	\$ 6,314	\$ 386,620	\$ 21,273	\$ 8,192
Funding Over/(under) expenditures	\$ 0	\$ (0)	\$ (2,036)	\$ (67,310)	\$ 75	\$ -	\$ (8,521)	\$ 6,631	\$ 276	\$ (4,753)	\$ 8,007	\$ 3,686	\$ 12,164	\$ (973)	\$ 1,208
YTD % of Budgeted Funds Expended		0.96%	50.86%	39.13%	0.55%	#DIV/0!	77.00%	28.23%	38.50%	41.62%	34.85%	12.63%	44.97%	26.59%	20.19%

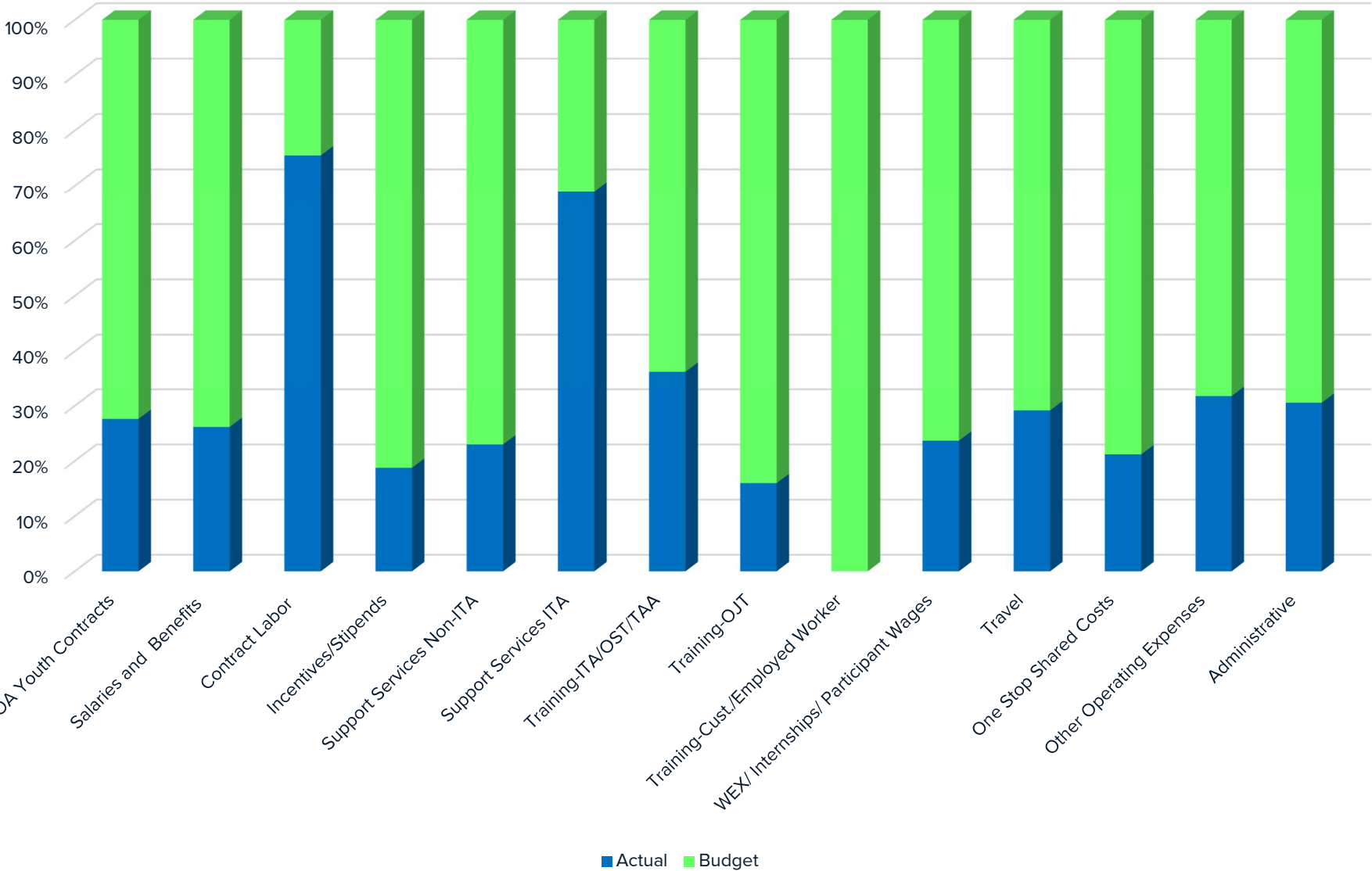
LWDB 20
Summary of Funding and Expenditures
as of November 30, 2024

PY 24-25 TOTAL AVAILABLE FUNDING	475 FAWA	476 Hope Nav	477 Hope Training	48 F.A.T.E.S.	488 Board Consolidation	801 Vet M&A	95 Workforce Summit	792 Youth SOS SLC	Other Non NFA	YEAR TO DATE TOTALS				
PY 24-25 Allocations	\$ -	\$ 54,062	\$ -	\$ -	\$ 15,000	\$ 4,008	\$ 140,000	\$ -	\$ -		\$ 5,627,636			
PY 24-25 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 164,384			
Additional Funds/Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -			
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ (510,604)			
Carryforward to PY 25-26	\$ (794,777)	\$ (29,278)	\$ -	\$ (89,054)	\$ -	\$ -	\$ -	\$ -	\$ -		\$ (2,564,736)			
Carryforward from PY 23-24	\$ 979,600	\$ 30,000	\$ 104,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ 3,127,585			
Total DEO Grant Funding	\$ 184,823	\$ 54,784	\$ 104,000	\$ (89,054)	\$ 15,000	\$ 4,008	\$ 140,000	\$ -	\$ -		\$ 5,794,265			
OTHER NON DEO REVENUES	\$ -	\$ -	\$ -	\$ 135,000	\$ -	\$ -	\$ -	\$ 165,000	\$ 10,757		\$ 360,757			
TOTAL	\$ 184,823	\$ 54,784	\$ 104,000	\$ 45,946	\$ 15,000	\$ 4,008	\$ 140,000	\$ 165,000	\$ 10,757	\$ -	\$ 6,155,022			
FUNDING DRAWN DOWN YTD														
	475 FAWA	476 Hope Nav	477 Hope Training	48 F.A.T.E.S.	488 Board Consolidation	801 Vet M&A	95 Workforce Summit	792 Youth SOS SLC	Other Non NFA	PY 24-25 Actual	PY 24-25 Budget	VARIANCE	% Expended	
PY 24-25 Allocations	\$ -	\$ -	\$ -	\$ -	\$ 15,000	\$ 4,008	\$ 121,666	\$ -	\$ -	\$ 424,927	\$ 5,627,636	\$ 5,202,709	7.551%	
PY 24-25 Supplemental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 164,384	\$ 164,384	0.000%	
Additional Funds/Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Retained by DEO for Merit Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (510,604)	\$ (510,604)		
Carryforward to PY 25-26	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,564,736)	\$ (2,564,736)		
Carryforward from PY 23-24	\$ 93,113	\$ 9,723	\$ 49,365	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,771,627	\$ 3,127,585			
Total DEO Grant Funding	\$ 93,113	\$ 9,723	\$ 49,365	\$ -	\$ 15,000	\$ 4,008	\$ 121,666	\$ -	\$ -	\$ 2,195,535	\$ 5,794,265			
OTHER NON DEO REVENUES	\$ -	\$ -	\$ -	\$ 135,239	\$ -	\$ -	\$ -	\$ 46,425	\$ 24,570	\$ 207,253	\$ 360,757	\$ 153,504	57.450%	
TOTAL	\$ 93,113	\$ 9,723	\$ 49,365	\$ 135,239	\$ 15,000	\$ 8,016	\$ 121,666	\$ 46,425	\$ 24,570	\$ 2,402,788	\$ 6,155,022	\$ 3,752,234	39.038%	
% of Total Budgeted Funding Received	50.38%	17.75%	47.47%	294.34%	100.00%	200.00%	86.90%	28.14%	228.41%	39.04%				
EXPENDITURES											PY 24-25 Actual	PY 24-25 Budget	VARIANCE	%
Administrative	\$ 13,309	\$ 1,186	\$ 7,666	\$ 4,085	\$ 2,335	\$ -	\$ 18,753	\$ 8,315	\$ 1,494	\$ 296,865	\$ 674,672	\$ 377,807	44.00%	
Salaries and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 180,654	\$ 511,554	\$ 330,900	35.31%	
General and Administrative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,211	\$ 163,118	\$ 46,907	71.24%	
Allocated Indirect Costs	\$ 13,309	\$ 1,186	\$ 7,666	\$ 4,085	\$ 2,471	\$ -	\$ 18,753	\$ 8,315	\$ 1,494	\$ 0	\$ 0	\$ 0		
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ (136)	\$ -	\$ -	\$ -	\$ -	\$ (0)	\$ -	\$ (0)		
Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Training	\$ 76,352	\$ 6,968	\$ 45,231	\$ 22,555	\$ 12,665	\$ 4,008	\$ 102,276	\$ 46,351	\$ 8,440	\$ 2,045,349	\$ 5,473,288	\$ 3,427,939	37.4%	
WIOA Youth Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 305,439	\$ 800,000	\$ 494,561	38.2%	
Salaries and Benefits	\$ 37,431	\$ 5,316	\$ 32,642	\$ 1,925	\$ -	\$ -	\$ -	\$ 1,055	\$ 2,122	\$ 845,894	\$ 2,386,589	\$ 1,540,695	35.4%	
Contract Labor	\$ 1,179	\$ 68	\$ 863	\$ 46	\$ -	\$ -	\$ -	\$ 1,751	\$ -	\$ 52,133	\$ 16,903	\$ (35,230)	308.4%	
Internship	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Incentives/Stipends	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,800	\$ 12,126	\$ 9,326	23.1%	
Support Services Non-ITA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,166	\$ 10,600	\$ 7,434	29.9%	
Support Services ITA	\$ -	\$ -	\$ -	\$ 1,692	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,542	\$ 11,500	\$ (14,042)	222.1%	
Training-ITA/OST/TAA	\$ -	\$ -	\$ -	\$ 16,631	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 165,717	\$ 290,957	\$ 125,241	57.0%	
Training-OJT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 57,928	\$ 304,638	\$ 246,709	19.0%	
Training-Cust./Employed Worker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	0.0%	
WEX/ Internships/ Participant Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 38,944	\$ -	\$ 38,944	\$ 125,421	\$ 86,477	31.1%	
Travel	\$ 514	\$ 13	\$ 854	\$ 7	\$ -	\$ -	\$ -	\$ 51	\$ 10	\$ 13,796	\$ 33,500	\$ 19,704	41.2%	
One Stop Shared Costs	\$ 7,126	\$ 481	\$ 7,233	\$ 350	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 178,999	\$ 665,167	\$ 486,168	26.9%	
Other Operating Expenses	\$ 24,856	\$ 622	\$ 616	\$ 294	\$ 12,500	\$ 4,008	\$ 94,882	\$ 1,271	\$ 5,718	\$ 354,990	\$ 762,562	\$ 407,572	46.6%	
Allocated Program Indirect	\$ 5,248	\$ 467	\$ 3,023	\$ 1,611	\$ 974	\$ -	\$ 7,394	\$ 3,278	\$ 589	\$ (0)	\$ 3,324	\$ -		
Reclassification	\$ -	\$ -	\$ -	\$ -	\$ (809)	\$ -	\$ -	\$ -	\$ -	\$ 0	\$ -	\$ 0		
Total Expenditures	\$ 89,662	\$ 8,154	\$ 52,897	\$ 26,640	\$ 15,000	\$ 4,008	\$ 121,029	\$ 54,666	\$ 9,934	\$ 2,342,214	\$ 6,147,960	\$ 3,805,746	38.1%	
Funding Over/(under) expenditures	\$ 3,452	\$ 1,569	\$ (3,532)	\$ 108,599	\$ -	\$ 4,008	\$ 637	\$ (8,241)	\$ 14,636	\$ 60,574				
YTD % of Budgeted Funds Expended	48.51%	14.88%	50.86%	57.98%	100.00%	100.00%	86.45%	33.13%	92.35%	38.05%				

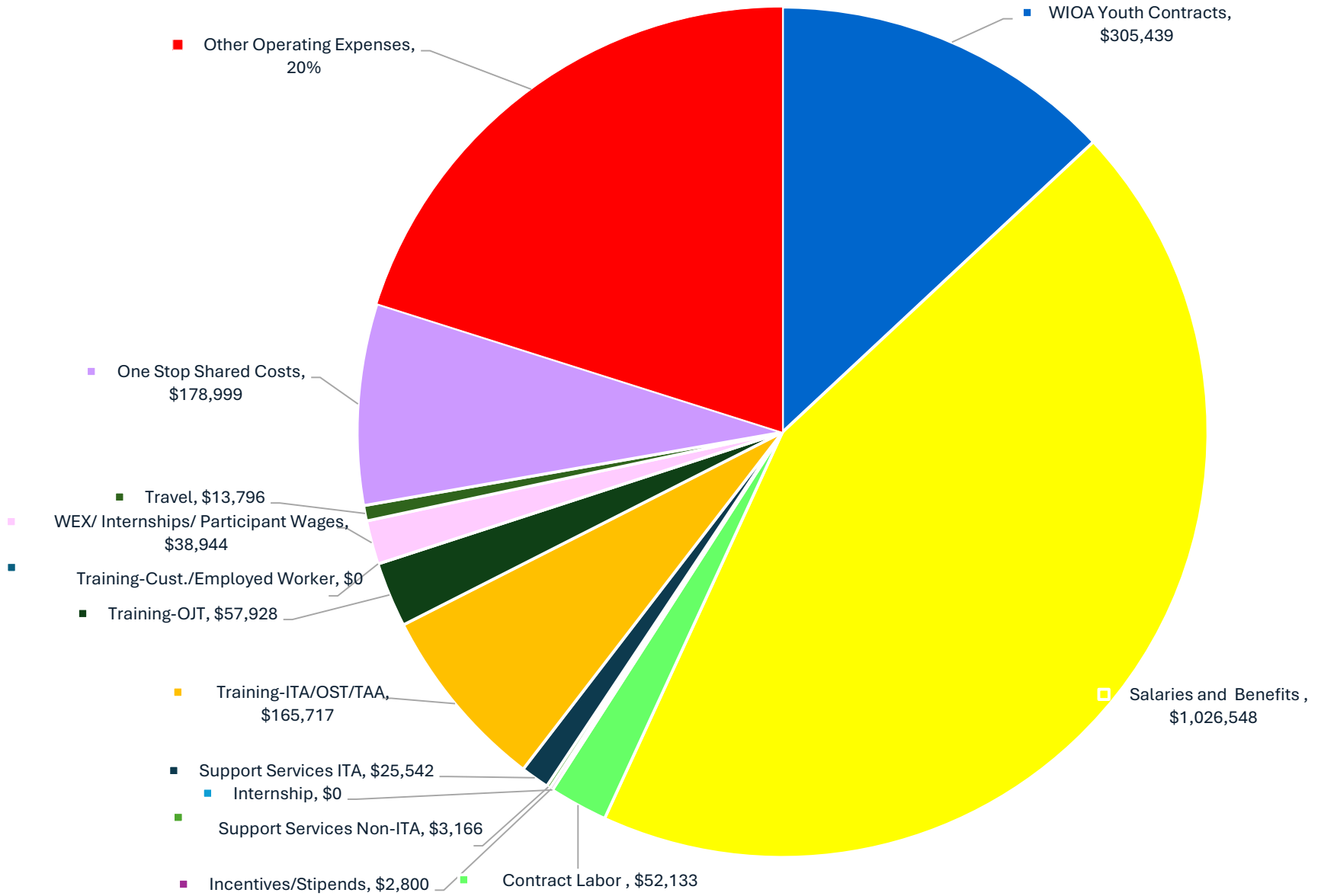
Budget to Actual by Program



Expenditures by Category



Expenditure Categories



Workforce Development Board of the Treasure Coast, Inc.
Statement of Financial Position
As of 11/30/2024

11/30/24

Assets

Current assets

Cash - Accounts Payable	5,719.25
Cash - Payroll	33,164.89
Cash - Business Checking W/Int.	492,198.70
Accounts Receivable Customers	2,854.49
Accounts Receivable - Other	827.87
Grants Receivable	(91.58)
Prepaid Expenses	43,301.12
Deposits	7,367.08
Due TO/ Due FROM	2,137.61
Total Current assets	587,479.43

Non-current assets

Data Processing Equipment	119,215.39
Vehicles	447,386.10
Lease Assets - Building	3,719,789.00
Lease Assets - Equipment	248,370.00
Leasehold Improvements	217,855.62
Accumulated Depreciation	(711,185.63)
Accumulated Amortization	(1,515,593.00)
Other Assets	24,240.00
Total Non-current assets	2,550,077.48

Total Assets	3,137,556.91
--------------	--------------

Liabilities & Net Assets

Current Liabilities

Accounts Payable	76,396.11
Payroll Accounts Payable	1,533.31
Accrued Expenses	133,400.30
Federal Withholding Tax	(0.01)
FICA Payable	0.60
SUTA Payable	42.51
Principal Insurance	253.25
Health Insurance Payable	2,742.07
AFLAC Payable	77.92
Legal Shield	101.21
Workers Comp Payable	5,944.22
Accrued Leave	101,681.04
Lease Interest Payable	5,257.00
Refundable Advances	1,844.19
Deferred Revenue	2,660.00
Total Current Liabilities	331,933.72

Non-current liabilities

Short-term Lease Liability	316,523.00
Long-term Lease Liability	2,650,628.00
Lease Liability Offest	(316,523.00)
Total Non-current liabilities	2,650,628.00

Net Assets

Beginning of Year	1,032,582.20
Current Year	(877,587.01)
Total Net Assets	154,995.19
Total Liabilities & Net Assets	3,137,556.91

AGENDA ITEM SUMMARY

Title	Executive Staff Holiday Gift Cards
Strategic Plans/Goals	Administration & Strategic Planning
Policy/Plan/Law	DEO (FLORIDACOMMERCE) Grantee/Subgrantee Agreement
Action Requested	Review and Approve Executive Staff Holiday Gift Cards
Background	Per the DEO (FLORIDACOMMERCE) Grantee/Sub-Grantee Agreement, no changes to compensation for the board's executive staff are allowed without documented Board approval and must align with local policies and procedures.
Staff Recommendations	Review and Approve Executive Staff Holiday Gift Cards equal to \$100 per individual. <ul style="list-style-type: none"> • Tracey McMorris, Vice President of Operations/COO • Lisa Delligatti, CFO
Supporting Material	Link: https://careersourcerc.com/wp-content/uploads/2025/01/RWB20-Agreement-Final-and-Executed.pdf
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

AGENDA ITEM SUMMARY

Title	WIOA Primary Indicators of Performance PY2024 and 2025
Strategic Plans/Goals	Clear, Credible, and Trustworthy Commitments and Projects
Policy/Plan/Law	Workforce Innovation and Opportunity Act (WIOA) Title I Programs and Title III Wagner-Peyser (WP) Act; Training and Employment Guidance Letter No. 09-17
Action Requested	None - Information Only
Background	<p>The State of Florida negotiated and agreed upon levels of performance for WIOA programs and Wagner Peyser-funded activities for PYs 2024 and 2025 with the United States Department of Labor, Employment, and Training Administration. Once the State levels were agreed upon, CareerSource Florida (CSF) and the The Department of Commerce (FLORIDACOMMERCE) negotiated performance levels with each Local Workforce Development Board.</p> <p>Staff will review negotiated performance levels for program years 2024 and 2025 for the Workforce Innovation and Opportunity Act (WIOA) Title I and Title III programs.</p>
Staff Recommendations	None - Information Only
Supporting Material	LWDB20 WIOA Primary Indicators of Performance - PY2024 and 2025
Board Staff	Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418

LWDA 20 CareerSource Research Coast WIOA Performance Measures	PY2024 Negotiated Performance Levels	PY2025 Negotiated Performance Levels
Adults:		
Employed 2nd Qtr. After Exit	93.3	93.3
Employed 4th Qtr. After Exit	91.1	91.1
Median Wage 2nd Quarter After Exit	\$9,886	\$9,886
Credential Attainment Rate	85.7	85.7
Measurable Skill Gains	71.2	71.2

Dislocated Workers:		
Employed 2nd Qtr. After Exit	92.0	92.0
Employed 4th Qtr. After Exit	91.0	91.0
Median Wage 2nd Quarter After Exit	\$10,000	\$10,250
Credential Attainment Rate	89.2	89.2
Measurable Skill Gains	79.9	79.9

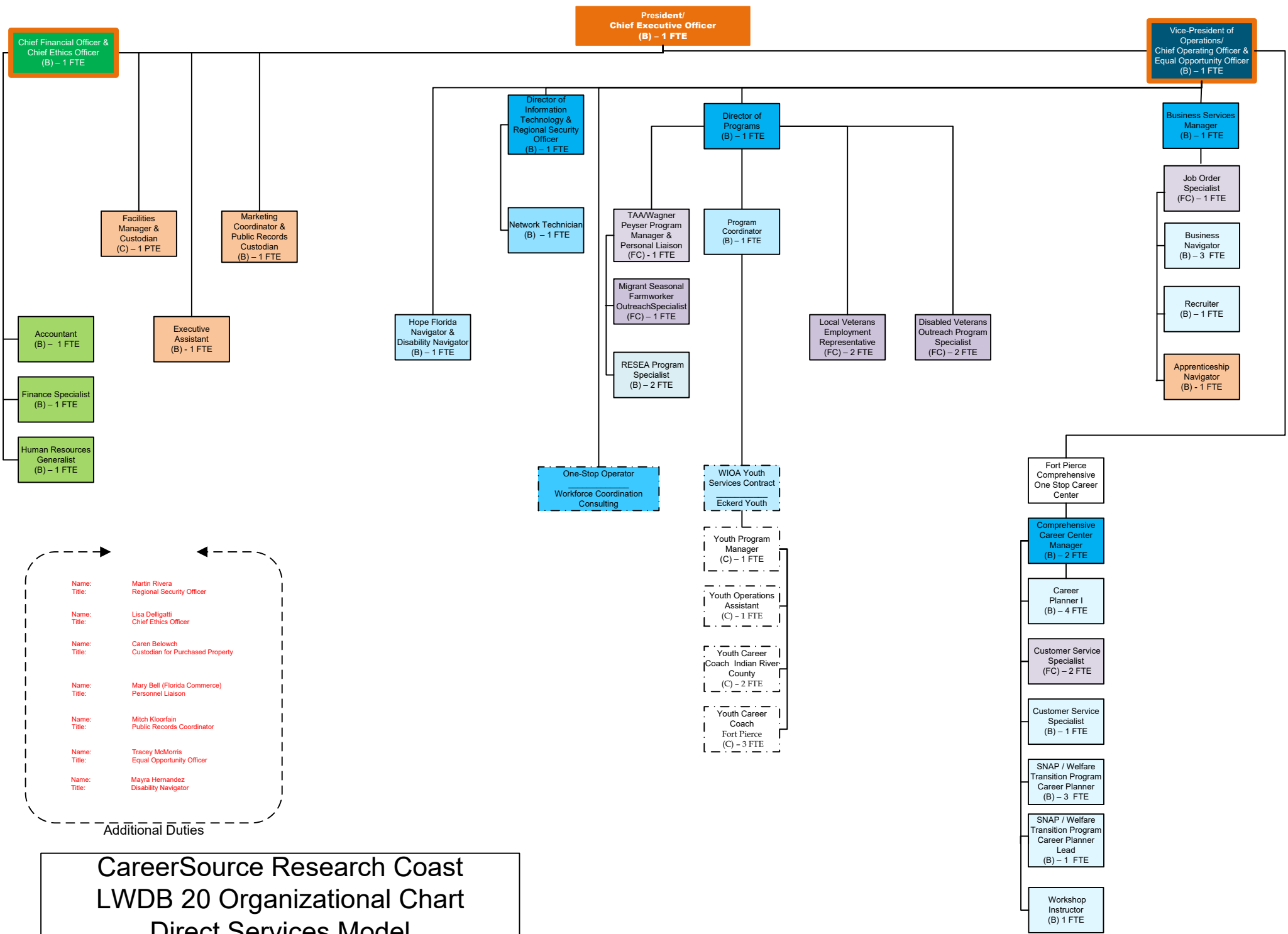
Youth:		
Employed 2nd Qtr. After Exit	80.6	80.6
Employed 4th Qtr. After Exit	73.0	73.0
Median Wage 2nd Quarter After Exit	\$3,500	\$3,800
Credential Attainment Rate	88.2	90.1
Measurable Skill Gains	86.3	86.3

Wagner-Peyser:		
Employed 2nd Qtr. After Exit	66.3	66.3
Employed 4th Qtr. After Exit	62.1	62.1
Median Wage 2nd Quarter After Exit	\$6,295	\$6,295

Agenda Item 7

AGENDA ITEM SUMMARY

Title	CareerSource Research Coast (CSRC) Updates
Strategic Plans/Goals	Strategic Planning, Commitments, and Projects
Policy/Plan/Law	Workforce Development Board of the Treasure Coast By-Laws
Action Requested	None - Information only
Background	<p>The primary functions of the Executive Committee shall be to coordinate workforce development activities with regional economic development strategies and increase accountability by assuring that education and workforce development activities in the area are effective and relevant to current and future labor market needs.</p> <p>Staff will provide updates on CSRC programs and current initiatives to the Executive Committee members.</p>
Staff Recommendations	None - Information Only
Supporting Material	None - Information Only
Board Staff	<p>Brian Bauer President/CEO bbauer@careersourcerc.com (866) 482-4473 ext. 418</p>



- Additional Duties
- Name: Martin Rivera
Title: Regional Security Officer
 - Name: Lisa Delligatti
Title: Chief Ethics Officer
 - Name: Caren Belowch
Title: Custodian for Purchased Property
 - Name: Mary Bell (Florida Commerce)
Title: Personnel Liaison
 - Name: Mitch Kloorfain
Title: Public Records Coordinator
 - Name: Tracey McMorris
Title: Equal Opportunity Officer
 - Name: Mayra Hernandez
Title: Disability Navigator

**CareerSource Research Coast
LWDB 20 Organizational Chart
Direct Services Model
Revised Date: January 2025**