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CLIENT'S COPY

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

JL	1	, 2022, and ending	JUN	30	, 20 2 3

Department of the Treasury

For calendar year 2022, or fiscal year beginning JU Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Internal Revenue Service

Name of filer

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

NORTH FLORIDA WORKFORCE DEVELOPMENT

BOARD, INC. **EIN or SSN** 59-3652684

DIANE HEAD Name and title of officer or person subject to tax

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

iui i oi	io iii io ii i ait i.			
1a	Form 990 check here	Х	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,792,544</u> .
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, lin	ne 22) 10b
Part Part	II Declaration and S	ignatur	e Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that	at XII	am an officer of the above entity or 🔲 I am a person subject to tax	with respect to (name
f entit	y)		, (EIN) and t	hat I have examined a copy of the
			ules and statements, and, to the best of my knowledge and belief, th	

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
------	-------	-----	-----	------

X I authorize	CALEB	PERLA	to enter my PIN	32340
		ERO firm name		Enter five numbers, bu do not enter all zeros

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

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

Certification and Authentication Part III

56597132025

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

Date

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

ERO's signature

02/05/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Interr	nal Reve	enue Service	Go to www.irs.g	ov/Form990	for instructio	ns and t	the lates	st inform	nation.		Inspection
A F	or th	e 2022 calenda	r year, or tax year beginning	JUL 1	, 2022	and	ending	JUN	30, 2	2023	
B c	Check if applicable: C Name of organization NORTH FLORIDA WORKFORCE DEVELOPMENT D Employer identification number						cation number				
	Address change BOARD, INC.										
	Name		siness as CAREERSOU	RCE NO	RTH FLOR	RIDA			59-36	5526	84
	Initial return		and street (or P.O. box if mail is n	ot delivered to	street address)		Room/su	uite E	Telephone	number	
	Final returr	, 705 I	EAST BASE STREET		,				850-9	973-	2672
	termi ated	n- City or to	wn, state or province, country,	and ZIP or fo	oreign postal co	ode		G	Gross receipts	\$	1,792,544.
	Amer returr	MADI	SON, FL 32340					H(a) Is this a	group re	eturn
	Appli tion	F Name an	d address of principal officer: Γ	DIANE H	EAD				for subor	rdinates	? Yes X No
pending SAME AS C ABOVE H(b) Are all subordinates in								cluded? Yes No			
<u> </u>	ax-ex	empt status: 2				47(a)(1)	or !	527	If "No," a	attach a	list. See instructions
_	Vebs		CAREERSOURCENORT						Group ex		
		f organization:	Corporation Trust	Association	other		LY	ear of for	mation: 19	999 N	1 State of legal domicile: FL
Pč	art I	Summary				mii -	00071	XTT 17 3 1	UT ONT! C	1 MT	TOTON TO MO
ě	1		the organization's mission or r								
Governance	_		THE STATE OF FLO								
/ern	2	Check this box	if the organization on the manager if the organization of the governing because if the governing because it is		•	•				1 1	iets.
ĝ	3		ng members of the governing be ependent voting members of the	, ,	,					—	16
	5		f individuals employed in calen							—	32
ities	6		f volunteers (estimate if necess							—	0
Activities &	_		business revenue from Part VI								0.
ĕ			ousiness taxable income from F								0.
				,	,				Prior Year		Current Year
ø.	8	Contributions a	and grants (Part VIII, line 1h)					1	,804,3	344.	1,787,473.
Ž	9	Program servic	e revenue (Part VIII, line 2g)							0.	0.
Revenue	10	Investment inco	ome (Part VIII, column (A), lines	3, 4, and 7d))					18.	115.
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10d	c, and 11e)				156,9		4,956.
	12	Total revenue -	add lines 8 through 11 (must e	qual Part VIII	, column (A), lir	ne 12)		1	,961,3		1,792,544.
	13	Grants and sim	ilar amounts paid (Part IX, colu	mn (A), lines	1-3)				264,3		267,944.
	14	•	o or for members (Part IX, colur						000 5	0.	0.
es	15		compensation, employee bene						900,7		819,667.
Expenses	16a		ndraising fees (Part IX, column							0.	0.
Ϋ́	_b		ng expenses (Part IX, column (D	,,			0.		679,1	1 / 0	712 006
_	''		s (Part IX, column (A), lines 11a					1	,844,2		742,886. 1,830,497.
	I		. Add lines 13-17 (must equal F expenses. Subtract line 18 from						117,0		-37,953.
		neveriue less e	xpenses. Subtract line to from	IIIIe 12				Beginni	ng of Currer		End of Year
ets c	20	Total assets (Pa	art X line 16)				-		658,4		632,738.
Assu	21	Total liabilities	, , , , , , , , , , , , , , , , , , , ,						232,3		244,614.
Net Assets or	22		und balances. Subtract line 21						426,0		388,124.
Pa	rt II								-		•
Und	er pen	alties of perjury, I	declare that I have examined this re	eturn, including	g accompanying	schedules	s and stat	ements, a	and to the be	est of my	knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than	officer) is base	ed on all informa	tion of wh	nich prepa	arer has a	ny knowledo	ge.	
		Denie /	Terel						2/	8/24	
Sig	n	Signature of offi							Date '		
Her	Here DIANE HEAD, CEO										
	Type or print name and title						DTIN				
		Print/Type prepa			r's signature			Date	0 - , 0 ,	Check	PTIN
Paid		CALEB PE			B PERLA			02/	05/24		
	arer	Firm's name	POWELL AND JONE		ິສ				Firm's	EIN 5	9-2145410
use	Only	Firm's address	1359 SW MAIN BL						Di	20	6_755 4200
N 4 -	. 41 '	DC discuss 45.	LAKE CITY, FL 3		in atm satisfies				Phone	110.30	6-755-4200 X Yes No
iviay	ι tne I	no discuss this	return with the preparer shown	above? See	INSTRUCTIONS		<u></u>				X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION'S MISSION IS TO ASSIST THE STATE OF FLORIDA IN THE
	IMPLEMENTATION OF FEDERAL WORKFORCE PROGRAMS WITHIN THE SERVICE
	DELIVERY AREA; AND TO BE RESPONSIBLE AND ACTIVE PARTNERS IN SHARING
	RESOURCES FOR THE NORTH FLORIDA REGION SO COMMUNITIES WILL BE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$1,592,693. including grants of \$267,944.) (Revenue \$5,071.)
	WORKFORCE DEVELOPMENT SERVICES ARE MADE AVAILABLE THROUGH A SYSTEM OF
	ONE-STOP CAREER CENTERS DESIGNED TO PROVIDE EASY ACCESS TO DIVERSE
	SERVICES INCLUDING JOB PLACEMENT AND TRAINING , TEMPORARY CASH
	ASSISTANCE AND SPECIAL SUPPORT SERVICES SUCH AS TRANSPORTATION.
4b	(Code:) (Expenses \$
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses #
	Otherway was in a (Paralite or Other I.E.O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,592,693.
<u>4e</u>	Total program service expenses 1,592,693. Form 990 (2022)

Form 990 (2022) BOARD, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩.
	If "Yes," complete Schedule D, Part IV	9_		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		_ _ _
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	''-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		- v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

59-3652684 Page 4

NORTH FLORIDA WORKFORCE DEVELOPMENT

Form 990 (2022) BOARD, INC.

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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	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	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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? If "Yes," complete Schedule L, Part II	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			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	Ц
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
232004	4 12-13-22	Form	990	(2022)

Form 990 (2022) BOARD , INC .

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

	i (continued)		V	NI.		
0-	Fatewiths number of employees reported an Form W.S. Transmittel of Wage and Tay Statements		Yes	No		
Za	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 32					
L	, , , , , , , , , , , , , , , , , , , ,	2b		Х		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		X		
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		21		
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	JU				
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
h	If "Yes," enter the name of the foreign country	 a				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a				
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	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.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
h	Note: See the instructions for additional information the organization must report on Schedule O.					
D	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					
_		-				
C 1/10		14a		Х		
14a				21		
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b				
15	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.	13				
16		16		Х		
.0	If "Yes," complete Form 4720, Schedule O.					
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?	17				
	If "Yes," complete Form 6069.	'				

BOARD, INC 59-3652684 Page 6 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **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. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a **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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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

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), 9	990, and 990-T (section 501(c)(3)s onl	y) available
	for public inspection. Indicate how you made these available. Check all t	hat apply		

X Upon request Another's website Other (explain on Schedule O) Own website

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

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.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records DIANE HEAD - 850-973-2672

705 E BASE ST, MADISON, 32025

exempt status with respect to such arrangements?

Form **990** (2022)

Х

16a

16h

232006 12-13-22

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 w	which to list the persons above.
---	----------------------------------

(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of	
	week					1	,	from the	from related organizations	other compensation	
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations	
	line)	Indi	Inst	Officer	Key	E Hig	Fori				
(1) DIANE HEAD	40.00	1									
CEO	1 00			Х				80,936.	0.	0.	
(2) DANNY COLLINS	1.00	ļ									
CHAIR	1 00	Х		Х				0.	0.	0.	
(3) MONTY MORGAN	1.00									•	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(4) RONNIE MOORE BOARD MEMBER	1.00	Х						0.	0.	^	
(5) JODI TILLMAN	1.00	Δ						0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(6) ALEX FOUNTAIN	1.00	^						0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(7) CHADD MATHIS	1.00	25						•	•		
TREASURER	1100	х		х				0.	0.	0.	
(8) TRAVIS MITCHELL	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) MATT PEARSON	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(10) DAVID DUNKLE	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(11) BRYAN BLAIR	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(12) S.W. ELLIS	1.00								_	_	
PAST CHAIR		Х		Х				0.	0.	0.	
(13) TRACY GIVENS	1.00	1								_	
VICE CHAIR		Х		Х				0.	0.	0.	
(14) BONNIE BURGESS	1.00	l								_	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(15) DEANN CRUZ	1.00	ļ.,							_	_	
BOARD MEMBER	1 00	Х						0.	0.	0.	
(16) FLOYD FAGLIE	1.00	3.7							_	_	
BOARD MEMBER		Х						0.	0.	0.	
		1						1			

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Part VII Section A. Officers, Directors, Ti (A)	ustees, Key Emp (B)	Sioy	ees,		<u>я ні</u> С)	ynes	ιC	(D)			(F)	
(A) Name and title	Average hours per		not c	Posi heck r	itior more	1 than d		Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
	week (list any	offic			irecto	or/trus	tee)	from the	from related organizations		other compensation from the organization and related organizations	
	hours for related organizations	ustee or di	trustee		9	pensated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	- 1		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				
		<u> </u>	=	0	×	Ξ 0	Н					
1b Subtotal c Total from continuation sheets to Part								80,936.	0			0.
d Total (add lines 1b and 1c)								80,936.	0			0.
2 Total number of individuals (including but compensation from the organization	t not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		-	•	•	•		_		•	3		х
4 For any individual listed on line 1a, is the	sum of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$Did any person listed on line 1a receive or										4		X
rendered to the organization? If "Yes," c	•				•			•		5		х
Section B. Independent Contractors									100,000 - f			
1 Complete this table for your five highest the organization. Report compensation f	•	•							•	sation	ITOITI	
(A) Name and busine	oog addraga							(B)	orvioos		(C)	n
INSPIRED TECHNOLOGIES,		8	HI	GH:	LA	ND		Description of s	ervices	COM	ensatio	11
OAKS TERRACE, TALLAHASS	-							IT SERVICES		1	35 , 9	80.
2 Total number of independent contractor \$100,000 of compensation from the orga		ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
									<u></u>	Forr	n 990 (2022)

Form 990 (2022) BOARD,
Part VIII Statement of Revenue

			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
			Officer if Octredule O Contains a respons	e of flote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
, Grants mounts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
e, e		С	Fundraising events1c					
ifts ar A			Related organizations 1d					
nii. Bii				,787,473.				
Sir			All other contributions, gifts, grants, and	, - , -	-			
uti Je		٠	similar amounts not included above 1f					
ë₽								
on pu		_	Noncash contributions included in lines 1a-1f		1 707 472			
O B		h	Total. Add lines 1a-1f		1,787,473.			
				Business Code				
e	2	а						
e Ķ		b						
am Ser evenue		С						
an eve		d						
ge		е						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f					
	3	y	Investment income (including dividends, inte					
	3				115.	115.		
			other similar amounts)		113.	113.		
	4		Income from investment of tax-exempt bond	•				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worted in come or (local)					
			Gross amount from sales of (i) Securities					
	•	u	assets other than inventory 7a	(-)	1			
•		D	Less: cost or other basis					
nue			and sales expenses 7b					
Revenue			Gain or (loss) 7c					
æ			Net gain or (loss)					
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		b		b				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	3	u		a				
		L-		b				
				D				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances10	Da				
		b	Less: cost of goods sold	Ob				
		С	Net income or (loss) from sales of inventory					
				Business Code				
sno	11	а	MISCELLANEOUS	561300	4,956.	4,956.		
nec Tue		b			,	,		-
Miscellaneous Revenue		C						
Sce	'		All other revenue	-				
Ξ̈́	'		All other revenue		1 056			
		e	Total. Add lines 11a-11d		4,956.	E 071	_	
	12		Total revenue. See instructions		1,792,544.	5,071.	0.	0.

Form 990 (2022) BOARD, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	067 044	267 244		
	individuals. See Part IV, line 22	267,944.	267,944.		
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,	113,750.		113,750.	
6	trustees, and key employees Compensation not included above to disqualified	113,730.		113,730.	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	556,990.	556,990.		
8	Pension plan accruals and contributions (include	200,000	230,3300		
-	section 401(k) and 403(b) employer contributions)	18,447.	15,325.	3,122.	
9	Other employee benefits	80,030.	66,302.	13,728.	
10	Payroll taxes	50,450.	41,874.	8,576.	
11	Fees for services (nonemployees):	00,000	/		
a	Management				
b	Legal				
С	Accounting	16,500.		16,500.	
d	Lobbying	•		·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	74,969.	67,562.	7,407.	
7	Travel	22,944.	21,549.	1,395.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15.055	10.100	4 252	
9	Conferences, conventions, and meetings	16,866.	12,498.	4,368.	
0:	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	10 000	0 505	2 050	
3	Insurance	12,777.	9,525.	3,252.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) CONTRACT LABOR	184,534.	126,806.	57,728.	
a b	SUPPLIES	94,940.	94,661.	279.	
C	OTHER PROGRAM COSTS	83,361.	83,281.	80.	
d	OUTREACH	40,072.	40,072.		
	All other expenses SEE SCH O	195,923.	188,304.	7,619.	
25	Total functional expenses. Add lines 1 through 24e	1,830,497.	1,592,693.	237,804.	0
26	Joint costs. Complete this line only if the organization	_, , , .	_, _, _, _, _,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			197,342.	1	207,048
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			223,579.	3	281,182
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqua	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ည္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	564,493. 423,260.			
	b	Less: accumulated depreciation			234,236.	10c	141,233
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	2 254	14	2 200		
	15	Other assets. See Part IV, line 11	3,274.	15	3,275		
	16	Total assets. Add lines 1 through 15 (must equ	658,431.	16	632,738		
	17	Accounts payable and accrued expenses	46,366.	17	113,311		
	18	Grants payable	27,148.	18	41 127		
	19				21,140.	19	41,137
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
Liabilities	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, p.				24	
	25	parties, and other liabilities not included on line	-				
		·	,	•	158,840.	25	90,166
	26	of Schedule D Total liabilities. Add lines 17 through 25			232,354.		244,614
	20	Organizations that follow FASB ASC 958, ch			202,0010	20	211,011
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions				27	
ga	28	Net assets with donor restrictions				28	
_ u		Organizations that do not follow FASB ASC					
ב 		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds	S		0.	29	0
Sets	30	Paid-in or capital surplus, or land, building, or e		0.	30	0	
As	31	Retained earnings, endowment, accumulated in		0.	31	0	
Net Assets or Fund Balances	32	Total net assets or fund balances			426,077.	32	388,124
-	33	Total liabilities and net assets/fund balances			658,431.	33	632,738

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,83		
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	6,0	77.
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	38	8,1	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	a 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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				1
				990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

NORTH FLORIDA WORKFORCE DEVELOPMENT

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC 59-3652684 **BOARD** Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

59-3652684 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2075655.	2163175.	1917746.	1804344.	1787473.	9748393.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2075655.	2163175.	1917746.	1804344.	1787473.	9748393.
	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.						9748393.
	etion B. Total Support						3,103331
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2075655.	2163175.	1917746.	1804344.	1787473.	9748393.
	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	385.	388.	283.	18.	115.	1,189.
9	Net income from unrelated business	3031	3001	2031	100	1131	1,1001
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•		46,101.	1 784	156,959.	4 956	209,800.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10		40,101.	1,701	130,333.	4,550.	9959382.
	• • • • • • • • • • • • • • • • • • • •	oto (oco instructio	.no)			12	JJJJJJ0 <u>Z</u> .
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			ourth or fifth toy		-	
13	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	97.88 %
	Public support percentage from 2021					15	97.84 %
	33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies	-					37
h	33 1/3% support test - 2021. If the o		-				
D	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
11 a		_					
	and if the organization meets the facts			=		_	
L	meets the facts-and-circumstances te	-		*	-	70 and line 15 is:	
O	10% -facts-and-circumstances test	_					1U70 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	i, 160, 17a, or 17b	, cneck this box ar		(Form 000) 2022

Schedule A (Form 990) 2022

BOARD, INC. 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

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to 						
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						
 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 						
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					1	
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						
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						
organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to						
 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 						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513 Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
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						
		1		I	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

232023 12-09-22

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

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

	Yes	No
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ū		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
		<i>y</i> 11 5 5		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported			
2		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		· · · · · · · · · · · · · · · · · ·			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	<u>supen</u> tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations			
		7. 1)po ii oappoi iiiig oi gaiii i- aiioiio		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		· ·			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	<u>tne su</u> tion [pported organization(s). D. All Type III Supporting Organizations			
				Yes	No
4	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1					
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	•	ganization maintained a close and continuous working relationship with the supported organization(s).			
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	<u>suppo</u> tion E	rted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported a governmental entity (see inserting in the part VI how you supported in the part VI ho		-1	
2		the organization supported a governmental entity. Describe in Fart VI now you supported a governmental entity (see institute Test. Answer lines 2a and 2b below.	struction	s). Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а					
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		nese activities constituted substantially all of its activities.	Za		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
2		activities but for the organization's involvement.	ZÜ		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
b		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	U1 110 0	- The state of the			

Schedule A (Form 990) 2022

59-3652684 Page 6 BOARD, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

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

5

6

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continued})			
<u>Secti</u>	on D - Distributions			Current Yea	ar		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6		!	9			
10	Line 8 amount divided by line 9 amount		1	0			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributabl Amount for 20			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
<u>b</u>	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>_i</u>	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
88	Breakdown of line 7:						
<u>a</u>	Excess from 2018						
<u>b</u>	Excess from 2019						
<u> </u>	Excess from 2020						
<u>d</u>	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.

59-365<u>2684 Page 8</u> Schedule A (Form 990) 2022 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. Part VI (See instructions.)

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

NORTH FLORIDA WORKFORCE DEVELOPMENT

BOARD, INC.

Employer identification number

59-3652684

Filers of:		Section:				
Form 990 o	990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-P	F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	le					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rul	es					
sec	ctions 509(a)(1) a ntributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.				
col	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.					
yea is d pu	ar, contributions checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
answer "No	on Part IV, line	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2022)

Page 2

Name of organization

NORTH FLORIDA WORKFORCE DEVELOPMENT

BOARD, INC.

Employer identification number

59-3652684

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF ECONOMIC OPPORTUNITY 107 E. MADISON STREET CALDWELL BUILDING TALLAHASSEE, FL 32399-4120	\$ 1,332,179.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, add 655, and Air TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Mairie, audi ess, aliu Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

NORTH FLORIDA WORKFORCE DEVELOPMENT

BOARD, INC.

Employer identification number

59-3652684

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Φ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		I \$	I

Name of or				Employer identification number			
	FLORIDA WORKFORCE DEVEL	COPMENT		F0 26F0604			
BOARD, Part III	, INC • Exclusively religious, charitable, etc., contribution	one to every institute described in	naction E01(a)(7) (9) or (10)	59-3652684			
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line e haritable, etc., contributions of \$1,000 o	ntry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held			
-		(e) Transfer of g	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of g	ift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of g	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
—							
		(e) Transfer of g	ift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of t	ransferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3652684

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				'
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
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.

Pa	rt III Organizations Maintaining Col	lections of Art	, Histo	orical Tre	asures, o	r Other	Simila	Asset	S (continu	ued)
3	Using the organization's acquisition, accession,								(00	
	collection items (check all that apply):		,	,						
а	Public exhibition	d		I oan or exc	hange progra	am				
b	Scholarly research	e								
c	Preservation for future generations	ŭ								
4	Provide a description of the organization's colle	ctions and explain	how th	ev further th	ne organizatio	nn's evem	nt nurno	se in Part	XIII	
5	During the year, did the organization solicit or re	· · · · · · · · · · · · · · · · · · ·		•	-			oc iiii ait	AIII.	
3	to be sold to raise funds rather than to be maint								Yes	☐ No
Pa	t IV Escrow and Custodial Arrange					"Voc" on [INU
	reported an amount on Form 990, Part X		ie ii iiie	organizatio	ii alisweleu	165 0111	01111 990	, raitiv,	iii le 5, Oi	
12	Is the organization an agent, trustee, custodian		any for a	contribution	c or other acc	cote not in	cludod			
ıa			•						Yes	☐ No
L	on Form 990, Part X?							∟	_ res	
b	If "Yes," explain the arrangement in Part XIII and	a complete the lon	owing t	able.					Amount	
_	Decimales belones						4.		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		٦.,	
	Did the organization include an amount on Forn						y?	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pa	rt V Endowment Funds. Complete if the								1	
		(a) Current year	(b) ⊢	rior year	(c) Two yea	rs dack (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balance	e (line 1g	g, column (a))) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possessi	on of the organiza	tion tha	t are held ar	nd administer	ed 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 organizatio	ns listed as require	ed on So	chedule R?						
4	Describe in Part XIII the intended uses of the or									•
Pa	rt VI Land, Buildings, and Equipmer									
	Complete if the organization answered "		, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or of			or other		cumulate	ed	(d) Book	value
	Doddinpsion of property	basis (investm			(other)		reciation	~	(u) 2001	value
12	Land	, ,	,		. ,					
	Buildings									
	Leasehold improvements									
				3.0	8,810.	2	13,9	74.	9.4	,836.
	Equipment Other				5,683.		$\frac{13,5}{09,28}$,397.
	I. Add lines 1a through 1e. (Column (d) must equi	al Form 000 Dowt	V oolu-							,233.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BOARD, INC. Part VII Investments - Other Securities.		5	9-3652684 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organization a	on Form 000 Bort IV line 1	10 Soc Form 000 Dort V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd of year market value
	(b) book value	(c) Method of Valuation. Cost of el	nu-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			10 100
(2) COMPENSATED ABSENCES			43,422.
(3) LEASES			46,744.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			20.455
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		90,166.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BOARD, INC.		59-3652684 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per Re	eturn.
	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	iits with Expenses per i	neturn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
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	-
a	Other (Describe in Part XIII.)	<u> </u>	00
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40
5	***************************************		4c 5
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V lines 1h and 2h: Part V line 4	1· Part X line 2· Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		, r arex, into 2, r arexi,
	to and 15, and 1 are An, into 20 and 15. Also complete this part to provide any additi	ional impirmation.	
PAF	T X, LINE 2:		
	·		
THE	ORGANIZATION HAS BEEN GRANTED AN EXEMPTION	N FROM INCOME TA	XES UNDER
INI	ERNAL REVENUE CODE, SECTION 501(C)(3) AS A	NON-PROFIT CORP	ORATION. AS
REÇ	UIRED BY INTERNAL REVENUE SERVICE REGULATION	ONS, THE ORGANIZ	ATION
ANN	<u>UALLY FILES A FORM 990, "RETURN OF ORGANIZ</u>	ATION EXEMPT FRO	M INCOME TAX"
riw	H THE INTERNAL REVENUE SERVICE. THE RETURN	S FOR 2022, 2021	., AND 2020
ARE	SUBJECT TO REVIEW AND ADJUSTMENT BY THE I	NTERNAL REVENUE	SERVICE.
MAN	IANAGEMENT HAS EVALUATED THE EFFECT OF THE (GUIDANCE PROVIDE	BY U.S. GAAP
<u>ON</u>	ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	• MANAGEMENT BEL	IEVES THAT
m	LODGANITA MICH COMMINTED TO CAME CHY THE PRO-		
THE	CORGANIZATION CONTINUES TO SATISFY THE REQU	UIREMENTS OF A T	AX-EXEMPT

POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS

ORGANIZATION AT JUNE 30, 2021. MANAGEMENT HAS EVALUATED ALL OTHER TAX

Schedule D (Form 990) 2022

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.

NORTH FLORIDA WORKFORCE DEVELOPMENT

Employer identification number 59-3652684

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization NORTH FLORIDA WORKFORCE DEVELOPMENT

BOARD, INC.

Part I General Information on Grants and Assistance

criteria used to award the grants or assis	1	-			_	stance, and the selectio	▼ v
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	'es" on Form 990, Part I	V, line 21, for any
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
2 Enter total number of section 501(c)(3) as	I nd government ord	l ranizations listed in th	L e line 1 tahle	I			

 $\label{eq:LHA} \mbox{ \ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PROGRESS OF QUALIFIED INDIVIDUALS AND THE RELATED COSTS ARE MONITORED BY

59-3652684

ı	Da	~	۵	•

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
EMPLOYMENT TRAINING AND SUPPORT	(c) Amount of recipients (c) Amount of recipients (d) Amount of recipients (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance to be the information required in Part I, line 2; Part III, column (b); and any other additional information. G THE USE OF GRANT FUNDS, SUPPORT SERVICES, AND BEHALF OF QUALIFIED INDIVIDUALS BASED ON PROGRAM THE ORGANIZATION. TRAINING GRANTS ARE PAID TO TRAINING, AND TO EDUCATIONAL INSTITUTIONS FOR T SERVICES INCLUDE TRANSPORTATION SUPPORT, BOOKS S AND WORKSHOPS, AND OTHER SUPPORT SERVICES THAT				
Part IV Supplemental Information. Provide the information red	l Juired in Part I, lin	e 2; Part III, column	L (b); and any other ac	I dditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE	OF GRANT	FUNDS, SUP	PORT SERVI	CES, AND	
TRAINING ARE PROVIDED ON BEHALF OF	QUALIFIE	D INDIVIDU	JALS BASED	ON PROGRAM	
CRITERIA ESTABLISHED BY THE ORGANI	ZATION.	TRAINING G	RANTS ARE	PAID TO	
EMPLOYERS FOR ON-THE-JOB TRAINING,	AND TO E	DUCATIONAL	INSTITUTI	ONS FOR	
DIRECT TRAINING. SUPPORT SERVICES	INCLUDE	TRANSPORTA	TION SUPPO	RT, BOOKS	
AND UNIFORMS, ASSESSMENTS AND WORK	SHOPS, AN	D OTHER SU	PPORT SERV	ICES THAT	
MAY BE NEEDED TO ASSIST QUALIFIED					

NORTH FLORIDA WORKFORCE DEVELOPMENT

Schedule	e I (Form 990)	BOARD,	INC.		59-3652684	Page 2
Part I\	e I (Form 990) Supplementa	al Information				
CASE	MANAGEMENT	STAFF.				
				 <u> </u>	 	

232291 04-01-2 Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

NORTH FLORIDA WORKFORCE DEVELOPMENT

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number

	BOARD, I									526	84		
Part I Excess Bene	efit Transac	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and sec	ction	501(c)(29) orga	nizatio	ns on	ly).			
					art IV, line 25a or 25b								
1	(b)	Relationship bet	ween o	disqual	lified						(d)	Corre	cted?
(a) Name of disqualified p	person	person and o	rganiza	ization (c) Description of transaction			Y	es	No				
2 Enter the amount of tax i	incurred by the	organization man	nagers	or disc	qualified persons duri	ing t	he year under						
3 Enter the amount of tax,	if any, on line 2	, above, reimburs	sed by	the or	ganization				\$				
Part II Loans to and	d/or From In	terested Per	sons.	•									
Complete if the	organization an	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	n	
		0, Part X, line 5, 0			ı					/h\ Ani	around		
(a) Name of interested person	(b) Relationshi			from the				(h) App by boa	ard or	(i) W agree	ritten		
interested person	With Organizatio	II OI IOAII		ization?	principal amount	ai airiourit			1	comm			
	1		To	From				Yes	No	Yes	No	Yes	No
	1		+										
	1		+										
	1		+										
			1										
	1		+										
	1	+	+										
			1										
	1		+										
			+										
Total	1		1		\$				<u> </u>				
	sistance Be	nefiting Inter	este	d Per									
		swered "Yes" on											
(a) Name of interested p	<u> </u>	(b) Relationship			(c) Amount of		(d) Type	of		(e	Purn	ose of	 F
(4) (14)	50.00	interested per			assistance		assistan				assista		
		the organiz	ation										

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

Schedule L (Form 990) 2022

Schedule L	(Form 990) 2022	BOARD,	INC.
Part IV	Business Transa	ctions Involvir	ng Interested Persons.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JODI TILLMAN	DIRECTOR		JODI TILLMA		Х
DAVID DUNKLE	BOARD MEMBER	850.	DAVID DUNKL		Х
Part V Supplemental Information Provide additional information for a	I. responses to questions on Schedule L (see in	nstructions).	I	ı	<u>. </u>
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:		
(A) NAME OF PERSON: JODI	TILLMAN				
(D) DESCRIPTION OF TRANS	ACTION: JODI TILLMAN I	S THE DIRE	CTOR AT BIG	BEND	
TECHNICAL COLLEGE WHICH	PROVIDES TRAINING FOR	INDIVIDUAL	S INVOLVED I	N TH	E
ORGANIZATION'S PROGRAM S	ERVICES. PAYMENTS MADE	BY THE ORG	GANIZATION W	ERE	
FOR TRAINING, TUITION, A	ND RELATED SUPPLIES TO	BIG BEND	rechnical		
COLLEGE.					
(A) NAME OF PERSON: DAVI	D DUNKLE				
(D) DESCRIPTION OF TRANS	SACTION: DAVID DUNKLE I	S THE ASSO	CIATE DEAN O	F	
ECONOMIC DEVELOPMENT AND	WORKFORCE AT NORTH FL	ORIDA COLLI	EGE. NORTH		
FLORIDA COLLEGE PROVIDES	TRAINING FOR INDIVIDU	ALS INVOLV	ED IN THE		
ORGANIZATION'S PROGRAM S	ERVICES.				

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.

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3652684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WORKFORCE PROGRAMS WITHIN THE SERVICE DELIVERY AREA; AND TO BE RESPONSIBLE AND ACTIVE PARTNERS IN SHARING RESOURCES FOR THE NORTH FLORIDA REGION SO COMMUNITIES WILL BE CONFIDENT IN QUALITY WORKFORCE SOLUTIONS THAT STRENGTHEN FAMILIES AND ENHANCE ECONOMIC DEVELOPMENT. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, CONFIDENT IN QUALITY WORKFORCE SOLUTIONS THAT STRENGTHEN FAMILIES AND ENHANCE ECONOMIC DEVELOPMENT FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT/FINANCE COMMITTEE REVIEWS THE FORM 990 AND IT IS PROVIDED TO THE FULL BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES BOARD MEMBERS TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD. THE SALARY IS SET BASED UPON COMPARISON OF LIKE POSITIONS, AVAILABILITY OF FUNDS, AND PERFORMANCE OF THE EXECUTIVE DIRECTOR. FINAL APPROVAL IS SUBJECT TO FULL

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

ALL GOVERNING DOCUMENTS ARE MADE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2022

BOARD VOTE.

Schedule O (Form 990) 2022 Name of the organization NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3652684
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPI	ENSES:
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	39,316.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	39,316.
MAINTENANCE:	
PROGRAM SERVICE EXPENSES	33,167.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	33,167.
TECHNICAL SUPPORT/MAINTENANCE:	
PROGRAM SERVICE EXPENSES	32,470.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,470.
UTILITIES:	
PROGRAM SERVICE EXPENSES	17,502.
MANAGEMENT AND GENERAL EXPENSES	1,130.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,632.
JANITORIAL:	
PROGRAM SERVICE EXPENSES 232212 10-28-22	11,191. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3652684
MANAGEMENT AND GENERAL EXPENSES	1,241.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,432.
SOFTWARE:	
PROGRAM SERVICE EXPENSES	11,112.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,112.
DUES AND MEMBERSHIP:	
PROGRAM SERVICE EXPENSES	9,574.
MANAGEMENT AND GENERAL EXPENSES	111.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,685.
STAFF TRAINING AND DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	9,043.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,043.
SECURITY:	
PROGRAM SERVICE EXPENSES	7,385.
MANAGEMENT AND GENERAL EXPENSES	820.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,205.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	820 0 8 205

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization NORTH FLORIDA WORKFORCE DEVELOP BOARD, INC.	Employer identification number 59-3652684
EQUIPMENT RENTAL:	
PROGRAM SERVICE EXPENSES	7,418.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,418.
MOBILE UNIT EXPENSE:	
PROGRAM SERVICE EXPENSES	6,242.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,242.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,660.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,660.
BACKGROUND SCREENING:	
PROGRAM SERVICE EXPENSES	1,754.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,754.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,535.
FUNDRAISING EXPENSES	0.
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Schedule O (Form 990) 2022	Page :
Name of the organization NORTH FLORIDA WORKFORCE DEVELOPMENT BOARD, INC.	Employer identification number 59-3652684
TOTAL EXPENSES	1,535.
PEST CONTROL:	
PROGRAM SERVICE EXPENSES	1,102.
MANAGEMENT AND GENERAL EXPENSES	122.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,224.
POSTAGE:	
PROGRAM SERVICE EXPENSES	796.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	796.
PRINTING AND BINDING:	
PROGRAM SERVICE EXPENSES	232.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	232.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	195,923.
FORM 990, PART XII, LINE 2C:	
THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR.	