JAMES MOORE & CO., P.L. 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC. 4636 HIGHWAY 90, K
MARIANNA, FL 32446-3508

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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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and ending	JUN 30, 2023	
B c	heck if pplicable	CHIPOLA REGIONAL WORKFORCE DEVELOPMENT	D Employer identifi	cation number
	_Addres			
	Name change Initial		59-33845	
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 4636 HIGHWAY 90 K	E Telephone numbe 850-633-	4417
	termin ated	3	G Gross receipts \$	2,198,877.
	Ameno return	MARIANNA, FL 32440-3500	H(a) Is this a group re	eturn
	Applic tion pendir	Finally and address of principal officer. RECHARD WILLIAMS	for subordinates	·····= =
		SAME AS C ABOVE	H(b) Are all subordinates in	
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
	Vebsit		H(c) Group exemption	
	orm of art I	organization: X Corporation Trust Association Other L Summary	Year of formation: 1996 n	M State of legal domicile: FL
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
Governance				
rna	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
o ve			3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
Se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	14
Ę	6	Total number of volunteers (estimate if necessary)	6	21
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	2,815,890.	2,019,091.
Revenue	I	Program service revenue (Part VIII, line 2g)	0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,003.	6,722.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,096.	173,064.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,990,983.	2,198,877.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	160,926.	295,652.
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	865,678.	901,833.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)		1 22 122
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,047,602.	1,097,688.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,074,206.	2,295,173.
	19	Revenue less expenses. Subtract line 18 from line 12	-83,223.	-96,296.
Net Assets or			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	1,538,631.	1,415,982.
at Age	21	Total liabilities (Part X, line 26)	1,018,346.	991,993.
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20	520,285.	423,989.
	art II			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	Parer has any knowledge.	
٥.		Signature of officer	I Date	
Sigi	n		Duto	
Her	е	RICHARD WILLIAMS, EXECUTIVE DIRECTOR Type or print name and title		
			Date Check	PTIN
Paid	1	Print/Type preparer's name Preparer's signature MARK PAYNE MARK PAYNE	05/08/24 of self-employ	
				9-3204548
	arer Only	Firm's name JAMES MOORE & CO., P.L. Firm's address 2477 TIM GAMBLE PLACE, SUITE 200	FIIITI S EIN 3	J J404J40
USE	Unity	TALLAHASSEE, FL 32308-4386	Dhono no Q 5	0-386-6184
N 4	, tha I	·	I Phone no. 6 3	
iviay	tne il	RS discuss this return with the preparer shown above? See instructions		X Yes No

Pai	Statement of Program Service Accomplishments	T
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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
Ū	If "Yes," describe these changes on Schedule O.	103 [22]140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,096,314. including grants of \$ 295,652.) (Revenue \$ \$	173,064.)
-14	THE BOARD IS RESPONSIBLE FOR ADMINISTERING THE WORKFORCE INNOVAL	
	OPPORTUNITY ACT PROGRAM WITH THE PURPOSE OF PREPARING YOUTH AND	
	UNSKILLED OR DISPLACED ADULTS FOR ENTRY INTO THE LABOR FORCE IN COUNTIES IN NORTH FLORIDA.	FIVE
	COUNTIES IN NORTH FLORIDA:	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,096,314.	Form 990 (2022)
		FUITH 333 (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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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			
_	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,	<u> </u>		
•	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>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
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,	- ''		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
18		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		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2022) BOARD, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		21	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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			
	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,			l
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	October 1 to M. Douttle	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			口
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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		77	
	(gambling) winnings to prize winners?	1c	X	
232004	¥ 12-13-22	Form	33 0	(2022)

Form 990 (2022)

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DO22) BOARD, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				Х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	G L		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		Х
٦.	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
d		7e		Х
e f		76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. -	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.			

232005 12-13-22

Form **990** (2022)

BOARD. INC 59-3384516 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 21 **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. 21 **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 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 c 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 Х Did the organization have a written document retention and destruction policy? 14 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form COO is required to be filed

17	List the states with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records SARA JOHNSON - 850-633-4417 32446-3508 4636 HIGHWAY 90, K, MARIANNA, FL

Form **990** (2022)

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average		not c	(C Posi	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated highest compensated employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RICHARD WILLIAMS	40.00	1		37				05 705		20 016
EXECUTIVE DIRECTOR	40.00		_	Х				85,725.	0.	30,016.
(2) SARA JOHNSON	40.00	-		7.7				74 227		26 020
(3) DEBBIE KOLMETZ	F 00	<u> </u>		Х				74,337.	0.	26,020.
CHAIR	5.00	х		х				0.	0.	0.
(4) DAVID CORBIN	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) TRAVIS EPHRIAM	5.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(6) RAYMOND RUSSELL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JANICE SUMNER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MARY MCKENZIE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SANDY SPEAR	5.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(10) ARTHUR OBAR	5.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(11) DONNIE READ	5.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RALPH WHITFIELD	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOHNNY EUBANKS	5.00]							_	_
BOARD MEMBER		Х						0.	0.	0.
(14) TRACY ANDREWS	5.00	1							_	_
BOARD MEMBER		Х						0.	0.	0.
(15) KYLE PEDDIE	5.00	1								
BOARD MEMBER		Х						0.	0.	0.
(16) LARRY MOORE	5.00	 								_
BOARD MEMBER		Х	_				<u> </u>	0.	0.	0.
(17) DR. SARAH CLEMMONS	5.00	∤								_
BOARD MEMBER		X					<u> </u>	0.	0.	990 (2022)

Form **990** (2022)

232007 12-13-22

Form 990 (2022) BOARD, II	NC.								59-3384	516 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	mpensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week (list any			a a a		1711 43		from	from related	other
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	ridual	tution	.e.	Key employee	est co	ıer	·		organizations
	line)	Indi	Insti	Officer	Key 6	High emp	Former			
(18) KEITH SUTTON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(19) PENNY BRYAN	5.00									_
BOARD MEMBER		Х						0.	0.	0.
(20) KRISTY TERRY	5.00	l						•	•	
BOARD MEMBER	F 00	Х						0.	0.	0.
(21) DR. DAVID BOUVIN	5.00	,,						0	0	
BOARD MEMBER	5.00	Х				_		0.	0.	0.
(22) ANDY JACKSON BOARD MEMBER	5.00	х						0.	0.	0.
(23) FRANCES HENDERSON	5.00	Λ						0.	0.	· ·
BOARD MEMBER	3.00	Х						0.	0.	0.
BOMO MEMBER								0.	0.	<u></u>
-										
1b Subtotal								160,062.	0.	56,036.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								160,062.	0.	56,036.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										0

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

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
(A)	(B)	(C)						
Name and business address	Description of services	Compensation						
CATALYST QLM LLC								
PO BOX 162422, ALTAMONTE SPRINGS, FL 32716	STAFFING SERVICES	596,830.						
CHIPOLA LAND DEVELOPMENT								
PO BOX 1564, MARIANNA, FL 32447	RENT	123,000.						
JACKSON COUNTY SCHOOL BOARD	INSTRUCTIONAL							
PO BOX 5958, MARIANNA, FL 32447	SERVICES	104,025.						
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than							

Form 990 (2022)

\$100,000 of compensation from the organization

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

		Chack if Schadu	ıle ∩ contains a r	aenonea (or note to any lir	ne in this Part VIII			
		Crieck ii Scriedt	die O Coritairis a i	esponse (or 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
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigr	ns	1a					
irar	ı	b Membership dues		1b					
e, e		c Fundraising events		1c					
ifts ar /		d Related organization		1d					
nii, G	١,	e Government grants		1e 2,	019,091.				
Sis	1	f All other contributions,	ſ		•				
uti		similar amounts not in		1f					
Ę Đ		g Noncash contributions incli	ſ	1g \$					
no:		-	•	ig _Ψ		2,019,091.			
Oa	'	h Total. Add lines 1a-	<u> </u>		Business Code	2,013,031.			
					Business Code				
ce	2 8	a							
er Ie	ı	b							
am Ser evenue	•	С							
an Sev	(d							
Program Service Revenue	(e							
P	1	f All other program se	ervice revenue						
	,	g Total. Add lines 2a-2	2f						
	3	Investment income							
		other similar amoun				6,722.			6,722.
	4	Income from investr	nent of tax-exemi	nt bond n	roceeds	,			,
	5	Royalties							
	"	rioyanics		Real	(ii) Personal				
	6	• Cross route	 	,196.	(ii) i croonar	-			
	6 6			0.		-			
		b Less: rental expense		,196 .		-			
		c Rental income or (lo	, 	,190.		0 106	0 106		
		d Net rental income or			(") OH	8,196.	8,196.		
	7 :	a Gross amount from sa		ecurities	(ii) Other	-			
		assets other than inver				-			
	ı	b Less: cost or other ba							
ne		and sales expenses	7b						
Revenue	(c Gain or (loss)	7c						
Re		d Net gain or (loss)		<u></u>					
her	8 8	a Gross income from fur	ndraising events (n	ot					
₹		including \$		of					
		contributions report	ed on line 1c). Se	e					
		Part IV, line 18							
	ı	b Less: direct expense		I .					
		c Net income or (loss)							
		a Gross income from							
	•	Part IV, line 19		I .					
		b Less: direct expense				-			
		c Net income or (loss)							
	10 8	a Gross sales of inven	•						
		and allowances				-			
		b Less: cost of goods							
	•	c Net income or (loss)	from sales of inv	entory					
S					Business Code				
o no	11 :	a MISCELLANE	OUS REVEN	NUE	812900	164,868.	164,868.		
ane	ı	b							
Miscellaneous Revenue		с							
lisc R		d All other revenue							
2		e Total. Add lines 11a				164,868.			
	12	Total revenue. See ins				2,198,877.	173,064.	0.	6,722.

Form 990 (2022)

1 6	rt IX Statement of Functional Expense	es			
Sec	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in			
	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	78,123.	78,123.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	217,529.	217,529.		
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,	244 540	124 067	120 401	
_	trustees, and key employees	244,548.	124,067.	120,481.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	447,743.	447,743.		
8	Pension plan accruals and contributions (include	<u> </u>	221112Je		
3	section 401(k) and 403(b) employer contributions)	56,644.	56,644.		
9	Other employee benefits	104,433.	104,433.		
10	Payroll taxes	48,465.	42,502.	5,963.	
11	Fees for services (nonemployees):			- 7,555	
a					
b					
c		26,000.		26,000.	
c					
e					
f	Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,462.	2,216.	246.	
13	Office expenses	97,504.	87,754.	9,750.	
14	Information technology	49,079.	44,171.	4,908.	
15	Royalties	06 011	70 000	0 601	
16	Occupancy	86,911.	78,220.	8,691.	
17	Travel	34,671.	31,204.	3,467.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	133,509.	120,158.	13,351.	
23	Insurance	25,945.	23,350.	2,595.	
23 24	Other expenses, Itemize expenses not covered	23,313.	23,330.	2,3331	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DIDEOM DOCODAM EXPENSES	607,534.	607,534.		
b	EQUIPMENT	13,476.	12,128.	1,348.	
c	MISCELLANEOUS EXPENSE	13,313.	11,982.	1,331.	
c	DUEG AND MEMBERGUIERG	7,284.	6,556.	728.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,295,173.	2,096,314.	198,859.	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)				Earm 990 (202)

Form 990 (2022)
Part X | Balance Sheet

tΧ	Balance Sheet					
	Check if Schedule O contains a response or	note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			446,559.	1	335,973.
2		314,585.	2	322,647		
3	Pledges and grants receivable, net	192,395.	3	306,554		
4					4	
5						
	trustee, key employee, creator or founder, su	bstantial cor	tributor, or 35%			
	controlled entity or family member of any of t	hese person	s		5	
6	Loans and other receivables from other disqu	alified perso	ns (as defined			
	under section 4958(f)(1)), and persons describ	oed in sectio	n 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges	4,525.	9	3,750		
10a	Land, buildings, and equipment: cost or othe	r				
	basis. Complete Part VI of Schedule D		206,774.			
b	Less: accumulated depreciation	10b	179,884.	55,357.	10c	26,890
11	Investments - publicly traded securities				11	
12					12	
13	Investments - program-related. See Part IV, lin	L		13		
14			525,210.		420,168	
15	Other assets. See Part IV, line 11		<u> </u>	1		1 11 - 11
16						1,415,982
17				223,754.		128,289.
			04 071		145 020	
				24,0/1.		145,832.
					21	
22						
00						
					24	
25						
	40.1.1.5			770 521.	25	717,872.
26						991,993.
20				1,010,540.	20	331,333
		TICOK TICI C				
27					27	
29		ds		0.	29	0.
						0.
				0.		0.
						423,989.
	Total liabilities and net assets/fund balances		·····	1,538,631.		1,415,982.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15	Check if Schedule O contains a response or	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons under section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third par Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Of Schedule D 7 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Paid-in or capital surplus, or land, building, or equipment of a paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or equipment of paid-in or capital surplus, or land, building, or	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 14,585. 2 Savings and temporary cash investments 3 14,585. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and defered charges 4 4, 525. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 179, 884. 5 5, 357. 11 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 5 Cather assets. Add lines 1 through 15 (must equal line 33) 1, 538, 631. 17 Accounts payable and accrued expenses 223, 754. 8 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including deferal incore ax, payables to related third parties 26 Organizations that follow FASB ASC 958, check here 27 and complete lines 27, 28, 22, and 33. 27 Net assets with out donor restrictions 38 Net assets with donor restrictions 39 Capital stock or trust principal, or current fund 30 Capital stock or trust principal, or current fund 31 Retained earnings, end	Check if Schedule O contains a response or note to any line in this Part X

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	2,19	8,8	77.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,29		
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	6,2	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	0,2	85.
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	42	3,9	<u>89.</u>
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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?		За	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h	X	1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT **Employer identification number** Name of the organization BOARD INC 59-3384516 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))

Schedule A (Form 990) 2022

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.")	2019091.	19721501.									
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf	n its behalf										
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
	Total. Add lines 1 through 3	4837622.	5555454.	4493444.	2815890.	2019091.	19721501.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						10701501					
	Public support. Subtract line 5 from line 4.						19721501.					
		() 2040	(1) 0040	() 0000	(1) 0004	() 0000	(n = 1)					
	ndar year (or fiscal year beginning in)	(a) 2018 4837622.	(b) 2019 5555454.	(c) 2020 4493444.	(d) 2021 2815890.	(e) 2022 2010001	(f) Total 19721501.					
	Amounts from line 4	403/022.	3333434.	4493444.	2013090.	2019091.	19/21301.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties, and income from similar sources				1,577.	14,918.	16,495.					
۵	Net income from unrelated business				1,377.	14,510.	10,4331					
3	activities, whether or not the											
	business is regularly carried on	5,333.	5,254.	1,657.			12,244.					
10	Other income. Do not include gain		. ,									
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						19750240.					
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	721,105.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	D1(c)(3)						
	organization, check this box and stop	here										
Sec	tion C. Computation of Publi	c Support Per	centage									
	Public support percentage for 2022 (I		•	.,,		14	99.85 %					
	Public support percentage from 2021					15	99.92 %					
16a	33 1/3% support test - 2022. If the											
	stop here. The organization qualifies											
b	33 1/3% support test - 2021. If the	•		•		•						
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact					VI how the organiz	zation					
	meets the facts-and-circumstances te	•	•									
b	10% -facts-and-circumstances test	· ·				•	10% or					
	more, and if the organization meets the				-							
40	organization meets the facts-and-circu		-		• • •		H					
18	Private foundation. If the organization	n ala not check a l	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar	ia see instructions	s					

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(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.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
	check this box and stop here	- O 1 D -					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!···-· (f)		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					-41	
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 10h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

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		
35		
Зс		
4a		
-+a		
4b		
4c		
5 -		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
54		
9b		
9c		
40		
10a		
10b		
ıle A (Forn	n 990)	2022

		CHIPOLA REGIONAL WORKFORCE DEVELOPMENT	0.451	_	
_		(Form 990) 2022 BOARD, INC. 59-33	8451	6 Pa	age 5
Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
	D: 41 41-			162	NO
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively 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			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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,			
		vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
_	14/			163	NO
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion L	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization'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			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2			•		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	oggus	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).	atrijetie :-	امر	
			struction	l ' I	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how to	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
			2b		
•	riese	activities but for the organization's involvement.	Z.U		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

За

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	2							
_3	Administrative expenses paid to accomplish exempt purpose	i	3						
_4	Amounts paid to acquire exempt-use assets			4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		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			10					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
С	From 2019								
d	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i_	Carryover from 2017 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D, line 7:								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
<u>e</u>	Excess from 2022		h a dula A /Farra 000\ 0000						

Schedule A (Form 990) 2022

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT

59-338<u>4516 Page 8</u> BOARD, INC. 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

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF

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

Organization type (check one):

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number

59-3384516

F11		On the second se						
Filers of:		Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990	-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	•	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General l	Rule							
	-	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 F	Rules							
	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.							
	year, contributions is checked, enter he purpose. 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., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
answer "I	No" on Part IV, line	at 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)

Schedule B (Form 990) (2022)

Name of organization
CHIPOLA REGIONAL WORKFORCE DEVELOPMENT
BOARD, INC.

Employer identification number

59-3384516

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	US DEPARTMENT OF LABOR 200 CONSTITUTION AVE, SW WASHINGTON, DC 20210		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
3	US DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE, SW WASHINGTON, DC 20250	_ \$63,351. _	Person X Payroll
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			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.)

Name of organization
CHIPOLA REGIONAL WORKFORCE DEVELOPMENT
BOARD, INC.

Employer identification number

59-3384516

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

Employer identification number

Name of organization

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT 59-3384516 BOARD, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3384516

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		# Offiliar Funds	Complete if the	
		1	dvised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asset	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	ol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation cor	ntribution in the form	of a conservation easement on the la	ast
	day of the tax year.			Held at the End of the Ta	ax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a))	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, ai	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	: holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ition, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u> _	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 99	0) 2022

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

	t III Organizations Maintaining Col	lections of Art	Histo	orical Tre	asures o	r Other			O T J T (age Z
	•								(CONTIN	iuea)	
3	Using the organization's acquisition, accession	, and other records	s, crieck	any or the i	ollowing that	t make sig	milicant u	se or its			
	collection items (check all that apply):										
a	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations					_					
4	Provide a description of the organization's colle							e in Part	XIII.		
5	During the year, did the organization solicit or r								٦.,		1
Dos	to be sold to raise funds rather than to be main								_ Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		ete if the	organizatio	n answered	"Yes" on F	orm 990,	, Part IV,	line 9, or		
							-111				
па	Is the organization an agent, trustee, custodian								٦,,		1
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing t	able:					Amount		
									Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
1	Ending balance								7		1
	Did the organization include an amount on Form						y?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. C						·····				<u></u>
ı aı	oompiete ii t	(a) Current year					d) Three yo	nare back	(e) Four	voore	hack
		(a) Current year	(D) F	rior year	(c) Two yea	15 Dack (a) Three ye	tais Dack	(e) Four	years	Jack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f											
g	End of year balance										
2	Provide the estimated percentage of the curren	•	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	•									
3a	Are there endowment funds not in the possess	ion of the organiza	tion tha	t are held ar	nd administer	red for the	•		Г	V	- NI -
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
Do:	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipment	<u>ganization's endov</u>	vment f	unds.							
Pai			Dort N	/ lima dda O		. D+ V I	10				
	Complete if the organization answered	1						.			
	Description of property	(a) Cost or of basis (investment)			or other (other)		cumulate reciation	d	(d) Bool	k value)
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	I		20	6,774.	1	79,88	34.	20	5,89	€0.
	Other										
	. Add lines 1a through 1e. (Column (d) must equ		X. colun	nn (B). line 1	0c.)				20	5,89	€0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BOARD, INC.		33	9-3364516 Page
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11b Coo Form 000 Port V line 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(A) E:	(b) Book value	(c) Method of Valdation. Cost of el	id-or-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			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X line 15.	
	Description	714. 200 F 61111 200, F 4112X, III. 10.	(b) Book value
··			(a) Decir raise
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	Faura 000 David IV lines	11 au 11 Cas Faura 000 Bart V line 0	_
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2:	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			000 400
(2) COMPENSATED ABSENCES			277,135
(3) LEASE LIABILITY			440,737
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		717,872.

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

Schedule D (Form 990) 2022 BOARD, INC.

	t XI Reconciliation of Revenue per Audited Financial Sta	atements with nevenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,198,877.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,198,877.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)	5	2,198,877.
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return	ì_
	····			•
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1		ine 12a.		2,295,173.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
2	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	ine 12a.		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.		
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		
a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1	2,295,173.
a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	2,295,173.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	2,295,173.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1	2,295,173.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1	2,295,173.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	2e 3	2,295,173.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT OF CAREERSOURCE CHIPOLA CONSIDERS THE LIKELIHOOD OF CHANGES BY

TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A

LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT

BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR, INCLUDING CHANGES TO

CAREERSOURCE CHIPOLA'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT

BELIEVES CAREERSOURCE CHIPOLA MET THE REQUIREMENTS TO MAINTAIN ITS

TAX-EXEMPT STATUS AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME

TAX, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE

FINANCIAL STATEMENTS. CAREERSOURCE CHIPOLA'S INCOME TAX RETURNS FOR THE

PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY

Schedule D (Form 990) 2022

CHANGE UPON EXAMINATION.

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT

Schedule D (Form 990) 2022	BOARD, INC.	59-3384516	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	nation _(continued)		

SCHEDULE I (Form 990)

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.

Open to Public Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization CHIPOLA R BOARD, IN		ORKFORCE DE	VELOPMENT				Employer identification number 59-3384516
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Part II Grants and Other Assistance to recipient that received more than S	stance? ocedures for monito Domestic Organiz	oring the use of grant	funds in the United	States. omplete if the orga			X Yes No
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
JACKSON COUNTY SCHOOL BOARD 2903 JEFFERSON STREET MARIANNA, FL 32446	59-6000680	115	38,311.	0.			TEEN PREGNANCY PREVENTION
T.J. ROULHAC ENRICHMENT AND ACTIVITY CENTER, INC 651 PECAN ST CHIPLEY, FL 32428	31-1811528	501(C)(3)	5,022.	0.			TEEN PREGNANCY PREVENTION
CALHOUN COUNTY PUBLIC LIBRARY 17731 NE PEAR STREET BLOUNTSTOWN, FL 32424	59-6000538	501(C)(3)	18,704.	0.			TEEN PREGNANCY PREVENTION
THE ART OF MANHOOD INC. 1059 CRICKET CT CHIPLEY, FL 32428	85-4198622	501(C)(3)	6,949.	0.			TEEN PREGNANCY PREVENTION
			1,120.	•			
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations	-						0

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

Schedule I (Form 990) 2022

OMB No. 1545-0047

Inspection

Page 2

(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
OOKS AND SUPPLIES	18	19,686.	0.		
JITION	22	45,534.	. 0.		
RAINING AND TRANSPORTATION	40	57,984.	. 0.		
ICENSURE AND CERTIFICATION	14	6,131.	0.		
OB SKILLS - WORK EXPERIENCE, OJT, INTERNSHIP	9	24,759.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
ART I, LINE 2:					
PPROPRIATE DOCUMENTATION THAT CO	NDITIONS H	AVE BEEN N	MET PRIOR T	O PAYMENT IS	
EQUIRED FOR RECIPIENTS. THE DOCU	MENTATION	IS MONITOR	RED ON A RE	GULAR BASIS	
ND AUDIT REPORTS ARE OBTAINED (I	F APPLICAB	SLE).			

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)						
(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	
TEEN PREGNANCY PREVENTON - COMPLETION ALLOWANCE	134.	61,676.	0.			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3384516

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

TO PROVIDE FOR THE INVOLVEMENT OF THE BUSINESS COMMUNITY, INCLUDING

SMALL BUSINESSES, MINORITY BUSINESS ENTERPRISES, LABOR AND COMMUNITY

BASED ORGANIZATIONS IN THE EMPLOYMENT AND TRAINING ACTIVITIES OF THE

WORKFORCE INNOVATION AND OPPORTUNITY ACT - WIOA; TO INCREASE EMPLOYMENT

OPPORTUNITIES FOR ECONOMICALLY DISADVANTAGED PERSONS; AND TO SERVE AS

THE BUSINESS AND INDUSTRY CONTACT POINT IN THE LOCAL EMPLOYMENT AND

TRAINING SYSTEM BY PRESENTING THE PRIVATE SECTOR'S VIEWS AND

RECOMMENDATIONS FOR MAKING PROGRAMS MORE RESPONSIVE TO LOCAL EMPLOYMENT

NEEDS.

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

TO PROVIDE FOR THE INVOLVEMENT OF THE BUSINESS COMMUNITY, INCLUDING

SMALL BUSINESSES, MINORITY BUSINESS ENTERPRISES, LABOR AND COMMUNITY

BASED ORGANIZATIONS IN THE EMPLOYMENT AND TRAINING ACTIVITIES OF THE

WORKFORCE INNOVATION AND OPPORTUNITY ACT; TO INCREASE EMPLOYMENT

OPPORTUNITIES FOR ECONOMICALLY DISADVANTAGED PERSONS; AND TO SERVE AS

THE BUSINESS AND INDUSTRY CONTACT POINT IN THE LOCAL EMPLOYMENT AND

TRAINING SYSTEM BY PRESENTING THE PRIVATE SECTOR'S VIEWS AND

RECOMMENDATIONS FOR MAKING PROGRAMS MORE RESPONSIVE TO LOCAL EMPLOYMENT

NEEDS.

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

THE EXECUTIVE COMMITTEE SHALL HAVE AUTHORITY TO EXERCISE THE FUNCTIONS OF

THE BOARD OF DIRECTORS DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF

DIRECTORS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE SUBJECT TO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2**

Name of the organization CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3384516

THE APPROVAL, CONFIRMATION, OR RATIFICATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

TWO BOARD MEMBERS, DEBBIE KOLMETZ AND JANICE SUMNER, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

EACH OF THE 5 COUNTIES (CALHOUN, HOLMES, JACKSON, LIBERTY, AND WASHINGTON)

IN THE LOCAL AREA WILL HAVE 3 PRIVATE SECTOR MEMBERS WHICH SHALL BE

REPRESENTATIVES OF BUSINESS IN THE LOCAL AREA IN ACCORDANCE WITH SEC.

107(B)(2)(A), AND WHICH SHALL REPRESENT A MAJORITY OF THE MEMBERS ON THE

BOARD. PRIVATE SECTORS SHALL BE APPOINTED BY EACH OF THE 5 COUNTY'S BOARD

OF COMMISSIONERS. AT LARGE MEMBERS ARE NOMINATED BY THE AGENCY THEY

REPRESENT, MUST MEET REQUIREMENTS SET FORTH BY THE BOARD AND ARE SUBJECT TO

FINAL APPROVAL OF THE CHIPOLA REGIONAL WORKFORCE DEVELOPMENT CONSORTIUM.

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

PRIVATE SECTOR MEMBERS OF THE BOARD OF DIRECTORS SHALL BE SELECTED FROM

AMONG INDIVIDUALS NOMINATED BY THE CHAMBER OF COMMERCE IN THE COUNTY THEY

ARE TO REPRESENT AND APPROVED BY THAT COUNTY'S BOARD OF COUNTY

COMMISSIONERS. AT LARGE APPOINTMENTS TO THE BOARD MUST BE APPROVED BY A

MAJORITY VOTE OF THE CONSORTIUM AND MUST BE IN ACCORDANCE WITH THE

WORKFORCE INNOVATION AND OPPORTUNITY ACT LAW SEC. 107(B-E).

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

A COPY OF THE FORM 990 IS NOT PROVIDED TO THE ORGANIZATION'S GOVERNING BODY

BEFORE IT IS FILED. HOWEVER, THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990

BEFORE FILING.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization CHIPOLA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.

Employer identification number 59-3384516

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

BOARD MEMBERS WITH CONFLICTS ARE REQUIRED TO FILL OUT A FORM WHEN A

CONFLICT EXISTS AND THESE FORMS ARE FILED WITH THE MINUTES OF THE MEETING

WHERE THE CONFLICT OCCURRED. THE CONFLICT IS ALSO RECORDED IN THE MINUTES

OF THE MEETING.

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

THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION AMOUNTS FOR ALL CRWDB EMPLOYEES. NEITHER THE EXECUTIVE DIRECTOR NOR ANY OTHER EMPLOYEES OF THE CRWDB ESTABLISH PAY RATES FOR THE EXECUTIVE DIRECTOR OR OTHER KEY EMPLOYEES. IN ESTABLISHING COMPENSATION RATES, OR ADJUSTMENTS TO THOSE RATES, THE BOARD USES A COMBINATION OF INFORMATION THEY BRING TO THE DISCUSSION AS WELL AS INFORMATION REQUESTED FOR CONSIDERATION. BOARD MEMBERS HAVE USED KNOWLEDGE OF THE REGIONAL LABOR MARKET, INFORMATION FROM THEIR OWN ORGANIZATIONS, AS WELL AS INFORMATION RELATED TO THE CURRENT PERFORMANCE OF THE ORGANIZATION TO DETERMINE COMPENSATION AND/OR COMPENSATION ADJUSTMENTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE

OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNT. THIS

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) CHIPOLA REGIONAL WORKFORCE DEVELOPMENT print 59-3384516 BOARD, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 4636 HIGHWAY 90, K return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MARIANNA, FL 32446-3508 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) SARA JOHNSON • The books are in the care of ▶ 4636 HIGHWAY 90, K - MARIANNA, FL 32446-3508 Telephone No. ► 850-633-4417 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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