| The price of organization or most significant activities TO PROVIDE ASSISTANCE TO DISPLACED WORKERS. PO BOX 1388 City or town, state or province, country, and ZIP or foreign postal code WEST MEMPHIS AR 72303 F Name and address of principal officer DAVE BRADY 300 I-40 SERVICE ROAD WEST WEST MEMPHIS AR 72301 Dave-overing status X 501(c)(3) 501(c) () (insert no) 4947(e)(1) or 552) Website WWW EASTERNWORKS.ORG Form of organization: X corporation I first Association Other L Year of the province of the organization's mission or most significant activities TO PROVIDE ASSISTANCE TO DISPLACED WORKERS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of votunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable Income from Form 990-T, line 39 RECEIVED | rowsule 7 am/sule 8 G G f(a) is this a group re f(b) Are all subordin If "No," attain f(c) Group exemption f formation 200 Prior Year 1,572,6 | 71 - 08 Teleptrone r 370 - 7 Gross receipt return for subt neles include ach a list (see | 33-0601 its\$ 1,581,474 oordinates? Yes X Ni led? Yes Ni ee instructions) |
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| Colore Date | At all subording of formation 200 Prior Year 1, 572, 6 | Telephone of 370 – 7. Gross recelpretum for sub- metum for sub- m | 1,581,474 23 23 23 76 23 Current Year 1,581,474 |
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| Mebsite WWW.EASTERNWORKS.ORG Summary | Prior Year 1,572,6 | 3 4 5 6 7a 7b | 23 23 76 23 Current Year 1,581,474 |
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| 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) GEN, UT 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (D), line 25) ▶ 16 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | b ≦ | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A) GEN, UT 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (D), line 25) ▶ 16 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | |
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| 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 959,0 | 016 | 1,022,199 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | (|
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | |
| 19. Total expenses Add lines 13-17 (must equal Part IV column (A) line 25) | 647,6 | 676 | 537,872 |
| to rotal expenses, Add lines 13-17 (must equal call IA, Column (A), line 23) | 1,606,6 | 692 | 1,560,071 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -34,0 | 065 | 21,403 |
| | inning of Current | | End of Year |
| 20 Total assets (Part X, line 16) | 134,6 | | 63,271 |
| 21 Total habilities (Part X, line 26) | 139,8 | | 87,842 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | -5,2 | 2011 | -24,571 |
| rt II Signature Block | 4.4 | | 1-4 |
| der penalties of peruity. I declare that Trave examined this return, including accompanying schedules and statements, a s, correct, and confidete. Declaration of preparer (other than officer) is based on all information of which preparer has a | | my know | vieuge and belief, it is |
| Way Droder | | 14/ | 14 1 2781 |
| Signature of officer | | Date | 1 1 10000 |
| DAVE BRADY EXECUTIVE | Æ DIREC | CTOR | |
| Type or print name and title | | | · · · · · · · · · · · · · · · · · · · |
| Print/Type preparer's name Preparer's signature | Date | Check | if PTIN |
| RAMI KASSISSIEH | 05/14/21 | լ - |) } |
| arer Fluns cane HUDSON, CISNE, & CO. LLP | Firms | | 71-0650689 |
| Only 11025 ANDERSON DR STE 300 | | | |
| Firm's address LITTLE ROCK, AR 72212-2472 | - 1 | i no | 501-221-1000 |
| the IRS discuss this return with the preparer shown above? (see instructions) | Phone | | |
| aperwork Reduction Act Notice, see the separate instructions | Phona | | Yes No |





| orm 990 (2019) WORKFORCE DEVELOPMENT BOARD OF 71-0840597 | Page 2 |
|--|--|
| Part III Statement of Program Service Accomplishments | □ · |
| Check if Schedule O contains a response or note to any line in this Part III | <u></u> |
| 1 Briefly describe the organization's mission TO PROVIDE ASSISTANCE TO DISPLACED WORKERS. | |
| - (11) (40) (40) (40) (40) (40) (40) (40) (40 | , , , , , , , , , , , , , , , , , |
| Te commercial approximation with a superior and a s | |
| The companies recommendation for the contraction of | ***** |
| 2 Did the organization undertake any significant program services during the year which were not listed on the | |
| prior Form 990 or 990-EZ? | Yes X No |
| If "Yes," describe these new services on Schedule O | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| services? | Yes 🗓 No |
| If "Yes," describe these changes on Schedule O. | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measure | • |
| expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | others, |
| the total expenses, and revenue, if any, for each program service reported | |
| 4a (Code) (Expenses \$ 1,149,309 including grants of \$) (Revenu | |
| THE WORKFORCE DEVELOPMENT BOARD OF EASTERN ARRANSAS SERVES ARECIPIENT OF FEDERAL FUNDS. THE ORGANIZATION NOW ADMINISTER PROGRAM ITSELF AND WORKS TO ENSURE THAT THERE IS A WELL-TRA AVAILABLE FOR EMPLOYER DEMAND. THE WOBEA MONITORS ITS EMPLOYER THAT FEDERAL AND STATE LAWS AND TEGLS ARE BEING ADHERED TO DECENSION OF THE WORLD THAT FEDERAL AND STATE LAWS AND TEGLS ARE BEING ADHERED TO | S THE TRAINING INED WORKFORCE YEES AND ENSURES BY ITS |
| ORGANIZATION. | |
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| 4b (Code) (Expenses \$ including grants of \$) (Revenue | re \$ |
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| d Other program services (Describe on Schedule O) | |
| (Expenses \$ including grants of \$) (Revenue \$ | |
| le Total program service expenses ▶ 1,149,309 | |
| | |



Page 3

| | | | 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 | ļ |
| 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 | 1_ | | |
| | 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) | | i | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 14 | <u> </u> | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | • | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III | 5 | ┡ | X |
| 8 | 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 | ١. | 1 | |
| - | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | l _ | | . |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | -7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | ١. | | 4.5 |
| ۵ | complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 8 | | X |
| 9 | | | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ₩. |
| 10 | | <u>*</u> | | X |
| 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 | 40 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. | 10 | | |
| • • • | VIII, VIII, IX, or X as applicable. |] | | |
| я | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| u | complete Schedule D, Part VI | 11a | , , | x |
| ь | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | <u> </u> | _ | |
| ~ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| c | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 1 | | |
| • | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | | ···` | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 111 | | X |
| 12a | | | | |
| | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 1 | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | İ | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | ı | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | 1 | _ |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | į | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| þ | 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 | | - 1 | |
| | domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 1 | X |

| | art iv Checkist of Required Schedules (Commued) | | | γ |
|-------------|--|----------|------------------|----------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 22 | 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 | 22 | <u> </u> | X |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | 1 | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | <u> </u> | | - |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 1 | 1 | ł |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25 a | 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 |
| Ь | 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 pnor Forms 990 or 990-EZ? | | | ا |
| | 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 | 40 | | <u> </u> |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | 1 |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | i i | | Ì |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | | | |
| | IV instructions, for applicable filing thresholds, conditions, and exceptions) | 1 | ĺ | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| þ | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | - |
| 31 | conservation contributions? If "Yes," complete Schedule M Did the organization liquidate terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 31 | | _ |
| 72 | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | h | |
| | sections 301.7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| þ | 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-chantable | | | l |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | x | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. Int V Statements Regarding Other IRS Fillings and Tax Compllance | 38 | | |
| 170 | Check if Schedule O contains a response or note to any line in this Part V | | | П |
| | Check in concodic C contains a responde of note to any line in this i are v | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 | \sqcap | . 53 | `` |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| DAA | | For | _n 990 | (2019) |

| | int v Statements Regarding Other IRS Filings and Tax Compliance (contilued) | | | |
|---------|--|-----------------|-----|--|
| _ | Following resolves to add an approximate Following To a Marketing and a fine of the control of t | | Yes | No |
| 2a | | } | | |
| | | | x | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| - | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | _ | | ~ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4. | | x |
| | ***** | 4a | | - |
| 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) | | | |
| 5- | | _ | | x |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X |
| b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | - |
| c 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5c | | |
| va | organization solicit any contributions that were not tax deductible as chantable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | U.S. | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | "" | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | | x |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | · · · | | <u> </u> |
| • | required to file Form 8282? | 7¢ | | x |
| d | If "Yes," indicate the number of Forms 8282 filed duning the year 7d | | | |
| 6 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 70 | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | i |
| 9 | Sponsoring organizations maintaining donor advised funds | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | L |
| ь | 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 | | | ĺ |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | 1 | İ |
| 11 | Section 501(c)(12) organizations. Enter | | I | |
| a | Gross income from members or shareholders | | | |
| þ | 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 | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | - | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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 | | - | l |
| 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 | | ŀ | i |
| С. | Enter the amount of reserves on hand | 44. | | 97 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u> </u> |
| b | 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 | _ | l | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N | 4. | | v |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | <u> </u> |
| | If "Yes," complete Form 4720, Schedule O | | l | |

Form 990 (2019) WORKFORCE DEVELOPMENT BOARD OF 71-0840597 Page 6 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 X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 23 Enter the number of voting members included on line 1a, above, who are independent 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 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: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c T T 11 11/12 I 14/11 1 47 19 1 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) 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

300 I-40 SERVICE ROAD WEST, SUITE 4

AR 72301

CALVIN GOSHEN

WEST MEMPHIS

| Earn 000 | 12010 | MUDKEUDCE | DEVELOPMENT | ממגטמ | OF |
|----------|------------------|-----------|----------------|-------|-----|
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71-0840597

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the org | ganization not an | ıy rel | ated | orga | miza | tion | com | pensated any current office | er, director, or trustee | |
|---|---|--------|-----------------|-----------------------|-----------------|--|-----------|---|--|--|
| (A) Name and live | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | x, unie | Pos check ss pe | rson i Greck | than continued than continued than continued that the continued that t | an aa) | (D) Reportablo compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099 MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) DAVE BRADY EXECUTIVE DIRECTOR | 40.00 | | | х | | | | 84,767 | o | 8,692 |
| (2) CALVIN GOSHEN | 0.00 | ┝╌ | | ^ | | - | | 04,101 | <u> </u> | 0,092 |
| FINANCE DIRECTOR | 40.00 0.00 | | | x | | | | 78,448 | 0 | 8,577 |
| (3) EVERETT ADAMSON | | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 |
| (4) DYWARN BARRDEN- | | l | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 |
| (5) BUDDY BILLINGSLI | B . | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 |
| (6) KAREN BREASHEARS | | ll | | | | | | | | |
| MEMBER | 0.00 | х | | | | | | 0 | О0 | 0 |
| (7) LYNDSAY BROWN | | | | i | | | | | | |
| MEMBER | 0.00 | х | | | | | | o | 0 | 0 |
| (8) JANICE COLEMAN | 0.00 | | | 4 | ļ | | | | _ | _ |
| MEMBER | 0.00 | X | | | | | _ | 0 | 0 | 0 |
| (9) WAYNE CROOM | 0.00 | | | | | | | | | |
| MANAGED | 0.00 | x | | l | | | l | 0 | 0 | |
| MEMBER (10) GILLETTE DRONE | 0.00 | | | \dashv | | \dashv | | U | | 0 |
| (10) GILLETTE DROME | 0.00 | | | | | | - 1 | | | |
| MEMBER | 0.00 | х | | | | | | 0 | 0 | 0 |
| (11) CALLIE DUNAVIN | | | $\neg \uparrow$ | | | | | | | |
| * | 0.00 | | | | | | | | | |
| MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 |

| Part VII Section A. Officers | , Directors, Tru | istee | s, K | ey E | mp | oyee | s, a | and Highest Compensated | Employees (continued) | | | |
|---|--|-------------|-----------------------|------------------------|--|-------------------------------|-----------|--|--|-------------------------------|--|-------|
| (A) Name and litte | (B) Average hours per week (list any | of | ncer a | Pos check ess pe | erson | ihan d is both or/trust | en eo) | (D) Reponable compensation from the organization | (E) Reportable compensation from related organizations | Fstimale of comp fro | (F) ed emount other ensation m the | |
| | hours for related organizations betow doited line) | or director | institutional trustee | Officer | Key emplayee | Highest compensated employes | Former | (W-2/1099 MISC) | (W-2/1039-MISC) | | ation and organizations | š |
| (12) JOHN EDWARDS | 0.00 | | | | | | | | , | | | |
| MEMBER | 0.00 | x | | | | | | o | 0 | | | 0 |
| (13) DEBBIE FEAGIN | | | | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | o | o | , | | 0 |
| (14) ROBERT GARMON | \$ | | | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | o | o | | | 0 |
| (15) DEBBY KING | | Π | | | | | | | | | | |
| MEMBER | 0.00 | x | | | | | | o | o | | | 0 |
| (16) SANDRA LEE | 0.00 | | | | | | | | | † - | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | 1 | | 0 |
| (17) JENNIFER MARS | | - | | | - | | | | <u> </u> | | | |
| MEMBER | 0.00 | x | | | | | | o | o | | | 0 |
| (18) LISA MIDDLEBE | | | _ | | | | - | 0 | <u> </u> | <u> </u> | | |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | | | ^ |
| (19) AMBER NEAL | 0.00 | ^ | | | | | | <u> </u> | | <u> </u> | | 0 |
| MEMBER | 0.00 | x | | | | | | | o | | | 0 |
| 1b Subtotal | | | لــــا | | | <u>.</u> | <u> </u> | 163,215 | <u>_</u> | | 17,2 | 69 |
| c Total from continuation shee | • | | | | | | • | 162 215 | | | 17 6 | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (inc | | | | | | | bove | 163,215 who received more than | \$100,000 of | L | 17,2 | .69 |
| reportable compensation from | the organization |) | 0_ | | | | | | | | Yes | No |
| 3 Did the organization list any fo | | | | | | | | ee, or highest compensated | I | 3 | | х |
| employee on line 1a? If "Yes," 4 For any individual listed on line | a 1a, is the sum | of re | eport | able | com | pens | atio | | | · ·· 3 | 1-1 | |
| organization and related organization | | | | | . | | | | | 4 | | x |
| 5 Did any person listed on line 1 for services rendered to the or | | | | | | | | | ındıvıdual | 5 | | x |
| Section B Independent Contracto | | | | | | - | | ior duen person | | | _ <u></u> _ | |
| Complete this table for your five compensation from the organization. | | | | | | | | | | ear. | | |
| Name and | (A) business address | | | | | | | Descripti | (B) on of services | | (C) Compensatio | n |
| | | | | | | | | | | | | |
| | | | | | _ | | | | | | | |
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| | | | | | | | | | | | | |
| T-1-1 | | | . | | | | | | | | | |
| Total number of independent or received more than \$100,000 centers. | | | | | | | | se listed above) who | 0 | | om 990 | |
| | | | | | | | | | | - | uun | /2010 |

| Part VII Section A Officers | , Directors, Tru | ıste | s, K | ey E | mp | loye | 9S, 2 | and Highest Compensated | i Employees (continued) | | | | |
|--|---|-------------|------------------|--------------------------------|----------------|---------------------------------|-------------|---|--|---------|------------------------------------|--|--------|
| (A) Name and title | (B) Average hours per week (list any hours for | Lo of | lo not | Pos check ess pe nd e | arson dueck | is bett or/trus | en) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | ٥ | of oi comper from ganizat | l amoun ther isation the ton and | |
| | related organizations below dotted line) | or director | nstancral bustee | Officer | Key employee | Highest compensated employee | Former | | , | rela | led org | ganizatio | ns |
| (20) MARK O'MELL | 0.00 | | | | | | | | | | | | |
| MEMBER (21) DEJANETTE SM | 0.00 TH | X | _ | | | | | 0 | 0 | <u></u> | | | 0 |
| MEMBER | 0.00 | x | | | | | | 0 | 0 | | | | 0 |
| (22) FREDRIC SMITH | | | | | | | | | | | | | |
| MEMBER | 0.00 | x | | _ | _ | | _ | 0 | 0 | | | | 0 |
| (23) ROBERT THORNE | 0.00 | | | | | | | | | | | | |
| CHAIR | 0.00 | X | _ | X | _ | _ | | o | 0 | | | <u>"</u> | 0 |
| (24) VICTOR VACCA | 0.00 | | | | | | | | | | | | |
| MEMBER (25) KEVIN VANDIVE | 0.00 R | X | - | | - | - | <u> </u> | 0 | 0 | | | | 0 |
| MEMBER | 0.00 | x | | | | | | o | 0 | | | | 0 |
| | | | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | - | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | ı | | | |
| 1b Subtotal | | | | | | | > | | | | | | |
| d Total (add lines 1b and 1c) | <u> </u> | | | <u></u> | | | <u> </u> | | | | | | |
| 2 Total number of individuals (increportable compensation from | | | d to | lhose | e list | ed a | bove | e) who received more than | \$100,000 of | | | | |
| 3 Did the organization list any fo | • | | | | | | • | ee, or highest compensated | 1 | [| | Yes | No |
| employee on line 1a? If "Yes," For any individual listed on line organization and related organ | 1a, is the sum | of re | port | able | com | pens | atio | | | | 3_ | | |
| 5 Did any person listed on line 1 for services rendered to the or | | | | | | | | | individual | | 5 | | |
| Section B. Independent Contractor | rs | | | | | ** | | | | | | \ | |
| Complete this table for your five compensation from the organization | ation. Report co | ensa mpe | ted ii nsati | ndep on (c | endo or In | ent d e cal | ontr end | ar year ending with or with | n the organization's tax ye | аг. | | | |
| Name and | (A) business address | | | | | | | Descripti | (B) on of services | | Cc | (C) imperisat | lon |
| | | | | | | | | | | | | | |
| | | | | _ | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent c | | | | | | | | e listed above) who | | | | | |
| received more than \$100 000 o | ot compensation | tron | 1 the | org | aniza | alion | <u> </u> | | | | For | m 990 | (2019) |

| Total returns Please of exempt Coverance causages executions 1 | Pa | art \ | /III Stateme Check ii | e nt c f Sch | if Revenue edule O cont | ains a | a respor | nse or no | ote | to any line in th | ıs Part VIII | ************ | , П |
|---|------------|----------------|---|------------------------|---|----------|--|-------------|---------------|---------------------------------------|--------------------------|--|---|
| By Membeschip dues 19 descriptions 19 descript | ····· | | | | | | ······································ | | | (A) | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded from tax under |
| By Membeschip dues 19 descriptions 19 descript | क्ष र | 1a | Federated cam | paigns | | 1a | | | | | | | |
| Buttonss Code C | Srar | ь | Membership du | es | | 1b | | | | 1 | | | İ |
| Buttonss Code C | A, E | c | Fundraising eve | ents | . , , , , , , , , , , , , , , , , , , , | 1c | | | | } | | | |
| Buttonss Code C | ar. | d | Related organiz | ations | | 1d | | | | | ļ | { | |
| Buttonss Code C | S E | e | Government grants (c | ontributio | ıns) | 10 | 1 | ,581,4 | 74 | | | | |
| Buttonss Code C | S S | f | | | | | | | | | | | |
| Buttonss Code C | E Pet | | and similar amounts n | at include | ed above | 11 | | | | | | | |
| Buttonss Code C | 2 d | g | Noncash contributions | included | in lines 1a-1f | 1g | \$ | | | | | | |
| 2a b b d d d d d d d d d d d d d d d d d | <u>ರ ೯</u> | h | Total. Add lines | 1a-1 | f <u></u> | | 100 1 | .,.,, | ▶_ | 1,581,474 | | | |
| Description Part | | | | | | | | Business C | odo | | | | |
| Description Part | 8 | 2a | , . , , , , , , , , , , , , , , , , | | | | ******* | <u></u> | | | | | |
| All other program service reverue | Ē • | ь | | | | | | | | | | | <u> </u> |
| All other program service reverue | S | С | ******* | | | , | | ļ | | | | | |
| All other program service reverue | <u> </u> | d | | ,,,, | | | | | | | | <u> </u> | |
| All other program service reverue | Ę. | 9 | | | | | | | | | | <u> </u> | Ļ |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 Ga Gross rents 6 a (i) Real (i) Personal 6 a Gross rents 6 b Lass mailar expenses 6 b C Rental in or (loss) 6 c d Net rental income or (loss) 7 a (i) Securilies saled of assess or other bass and sales steps. 7 b Lass or other bass and sales steps. 7 b Lass or other bass and sales steps. 7 b Lass or other bass and sales steps. 7 b Lass or other bass and sales steps. 7 b Lass or other bass and sales steps. 7 b Lass Gross income from fundraising events (not including \$ | | ſf | . • | | | | | | | | | <u> </u> | <u> </u> |
| ofter similar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalities 6a Gross rents 6 b Less metal expenses 6 b Less metal expenses 6 c Rental income from or (loss) 6 c d Net rental income or (loss) 6 c d Net rental income or (loss) 6 c d Net rental income or (loss) 6 c d Net rental income or (loss) 6 c d Net grain or (loss) 7 a D D D D D D D D D D D D D D D D D D | _ | | | | | | | | <u> </u> | | | T | т |
| Second Programmer of tax-exempt bond proceeds Second Proceeds | | 3 | | | | | | | | | | | |
| Second content Seco | | | other similar air | iounts. | nt of toy overn | bond | | ····· | | | | | |
| Second S | | i ' | | | | | | | | | | | |
| Ba Gross rents b Less mattel expenses c Rental in cor (loss) d Net rental in corome or (loss) 7a Gross amount from sakes of assets, other than inventory b Less cost or other basis and sales exps. c Gann or (loss) 7b Less Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses See Part IV, line 19 b Less direct expenses See Part IV, line 19 b Less direct expenses See Part IV, line 19 b Less direct expenses See Part IV, line 19 c Net income or (loss) from fundraising events c Net income or (loss) from garning activities c Net income or (loss) from garning activities b Less cost of goods sold 10a Gross sales of inventory, less returns and allowances returns and allowances 10a Gross sales of inventory less returns and allowances 10a Less cost of goods sold 10b C Net income or (loss) from sales of inventory Page 11a Business Code 17a Business Code 8a Business Code 8b Business Code 8b Business Code 8b Business Code | | פ | Royanies ,,,,, | ``` | | <u> </u> | | | | | | | |
| b Lass rental expenses c Rental into or (bits) d Net rental into or (bits) d Net rental into or (bits) d Net rental into or (bits) d Net rental into or (bits) d Net rental into or (bits) d Net gain or (loss) To Gross innoun from sais of assets or or left bits and sales exp. To d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses Bb Less direct expenses Bb Less direct expenses See Part IV, line 19 D Less direct expenses See Part IV, line 19 D Less direct expenses D Less direct expense | | g _a | Grass rante | 82 | (i) rend | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | · oroona. | _ | | | | |
| C Rental in cor (toss) d Net rental in income or (loss). A Gross amount from sides of dassets other than inventory b Less cost or other bass and sides exps. 7a C Gann or (loss) 7b C Gann or (loss) A Gross income from fundriaising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18 B Less direct expenses B b Less direct expenses See Part IV, line 19 D Less cost or (loss) from gaming activities C Net income or (loss) from gaming activities D Less cost of goods sold 10a 11a Business Code Business Code Business Code Business Code Business Code Business Code | | ! | | | | | | | _ | | | | |
| d Net rental income or (toss) 7a Gross amount from sailes of assets other than inventory be to see sost or other basis and sales exps. 7b C Gain or (loss) 7c Cain or (loss) 7d Net gain or (loss) 7a design or (loss) 7b C Gain or (loss) 7c Can or (loss) 7c Can or (loss) 7d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses See Part IV, line 19 9 b Less direct expenses 9 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 0 c Net income or (loss) from sales of inventory 8 Business Code 8 Business Code 9 Total Add lines 11a-11d | | | • | _ | | | - | | | | | | |
| 7 a Ciross amount from sales of assets other than inventory be tess cost or other bass and sales exps. 7b c c Gain or (loss) 7c d thet gain or (loss) 7c d cot including \$ | | | | | lass) | | | | ightharpoonup | | | | |
| other than inventory bess oost or other basis and sales exps. C Gain or (loss) C Gain or (loss) C Gain or (loss) C Gain or (loss) A Gross income from fundraising events (not including \$ of contributions reported on line fc) See Part IV, line 18 B Less direct expenses C Ret income or (loss) from fundraising events C Ret income or (loss) from fundraising events Pa Gross income from gaming activities See Part IV, line 19 B Less direct expenses C Net income or (loss) from gaming activities To Ret income or (loss) from gaming activities I Oa Gross sales of inventory, less returns and allowances B Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I Da Cross sales of inventory less returns and allowances D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sold I D Less cost of goods sol | | 7a | Gross amount from | , | | | 1 | | | | | | <u> </u> |
| b Less cost or other basis and sales exps. C Garn or (loss) d Net gain or (loss) 8a Gross ncome from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses 8b c c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses 9b c c Net income from gaming activities See Part IV, line 19 b Less direct expenses 9b c c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses 9b c c Net income or (loss) from gaming activities > lose of goods sold 10b c c Net income or (loss) from sales of inventory. Business Code lose | | | 7a | - '' | | | · | | | | | |
| (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses See Part IV, line 19 b Less direct expenses C Net income or (loss) from fundralsing events See Part IV, line 19 b Less direct expenses C Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Business Code All other revenue a Total. Add lines 11a-11d | 9 | ь | - 1 | | | | | · | | | | | |
| (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses See Part IV, line 19 b Less direct expenses C Net income or (loss) from fundralsing events See Part IV, line 19 b Less direct expenses C Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Business Code All other revenue a Total. Add lines 11a-11d | ē | | basis and sales exps. | 75 | | | <u> </u> | | | | | | |
| (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses See Part IV, line 19 b Less direct expenses C Net income or (loss) from fundralsing events See Part IV, line 19 b Less direct expenses C Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Business Code All other revenue a Total. Add lines 11a-11d | Se . | С | Gain or (loss) | 7c | | | | | | | | | |
| (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses See Part IV, line 19 b Less direct expenses C Net income or (loss) from fundralsing events See Part IV, line 19 b Less direct expenses C Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Business Code All other revenue a Total. Add lines 11a-11d | ē | d | Net gain or (loss | ;) . | | | | | • | | | | |
| of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross Income from gaming activities See Part IV, line 19 9 | 8 | 8a | | | | | | | | | | | |
| of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross Income from gaming activities See Part IV, line 19 9 | l | | (not including \$ | | ********* | | | | ı | | | | |
| b Less direct expenses c Net income or (loss) from fundralsing events 9a Gross Income from gaming activities See Part IV, line 19 9a Less direct expenses C Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory 11a b C All other revenue e Total. Add lines 11a–11d | | | of contributions rep | orted o | n line 1c) | | | | | | | ļ | |
| C Net income or (loss) from fundralsing events 9a Gross Income from gaming activities See Part IV, line 19 9 | | | See Part IV, line 18 | 3 , ,,, | >d.+,k#**** (> | | | | _ | | | | |
| 9a Gross Income from gaming activities See Part IV, line 19 9b Less direct expenses c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory. Business Code 11a b c d All other revenue e Total. Add lines 11a-11d | | | | | | | | | _ | | | | |
| See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Business Code 11a b c d All other revenue e Total. Add lines 11a-11d | | | | | • | events | · · · · · · · · · · · · · · · · · · · | <u>)</u> | - | | | | |
| b Less direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold c Net income or (loss) from sales of inventory 11a b c d All other revenue o Total. Add lines 11a-11d | | 9a | | • | g activities | | | | | | | | |
| C Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances 10a 10b c Net income or (loss) from sales of inventory. Business Code 11a b c c d All other revenue e Total. Add lines 11a-11d | | | | | , | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (toss) from sales of inventory 11a b c d All other revenue e Total. Add lines 11a-11d | - | | | | | | | | \dashv | | | | <u></u> |
| returns and allowances b Less cost of goods sold c Net income or (toss) from sales of inventory 11a b c d All other revenue e Total. Add lines 11a-11d | İ | | | - | | villes . | ······ | , | | | | | |
| b Less cost of goods sold 10b c Net income or (toss) from sales of inventory Business Code t All other revenue e Total. Add lines 11a-11d | | าบส | | | • | 400 | | | | | | | |
| C Net income or (loss) from sales of inventory Business Code C d All other revenue e Total. Add lines 11a-11d | ļ | _ | | | | | | | | | | | |
| State Stat | | | | | | | | | | | | | |
| 11a b c c d All other revenue e Total. Add lines 11a-11d | _ | | TACE REPORTED OF THE | ا زددی | orn sales or inve | , nory | | 1 | \dashv | | | | |
| e Total. Add lines 11a–11d | Sus | 110 | | | | | | | | | | | |
| e Total. Add lines 11a–11d | E E | _ | * / * * * * * * * * * * * * * * * * * * | **** | | ***** | | <u> </u> | 7 | | ············· | | h |
| e Total. Add lines 11a–11d | is ella | C | | | | | | | ┪ | | | | |
| e Total. Add lines 11a–11d | SE SE | d | | | | | | | \dashv | | | | |
| | 2 | | | | | | | • | • | · · · · · · · · · · · · · · · · · · · | | | <u> </u> |
| | | | | | | | | > | • | 1,581,474 | 0 | 0 | 0 |

Part IX Statement of Functional Expenses

| | art IX Statement of Functional Expe | | | , <u></u> | ····· |
|-----|---|--------------------|------------------------------|---|---------------------------------------|
| Sec | tion 501(c)(3) and 501(c)(4) organizations must con | | | elete column (A). | |
| | Check if Schedule O contains a response to line 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 properses |
| 1 | Grante and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, fine 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals, See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | ľ | |
| | individuals See Part IV, lines 15 and 16 | | <u></u> | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 180,483 | | 180,483 | |
| 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 | 610,772 | 519,678 | 91,094 | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 23,788 | 23,788 | | |
| 9 | Other employee benefits | 167,282 | 145,754 | 21,528 | |
| 10 | Payroll taxes | 39,874 | 18,905 | 20,969 | |
| 11 | Fees for services (nonemployees) | | | | |
| а | Management | | | _ | |
| b | Legal | | | | |
| С | Accounting | 20,925 | 4,467 | 16,458 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 27,178 | 1,684 | 25,494 | |
| 12 | | | | | |
| 13 | Office expenses | 21,086 | 11,663 | 9,423 | |
| 14 | Information technology | 1,578 | 1,016 | 562 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 82,086 | 57,645 | 24,441 | |
| 17 | Travel | 37,787 | 28,631 | 9,156 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 5,257 | 3,915 | 1,342 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | İ | | |
| | line 24e amount exceeds 10% of line 25, column | 1 | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | TRAINING | 329,016 | 326,023 | 2,993 | |
| b | EQUIPMENT RENTAL | 10,222 | 4,626 | 5,596 | |
| C | DUES & SUBSCRIPTIONS | 2,152 | 1,190 | 962 | |
| d | | | | | · · · · · · · · · · · · · · · · · · · |
| | All other expenses | 585 | 324 | 261 | |
| 25 | Total functional expenses Add lines 1 through 24e | 1,560,071 | 1,149,309 | 410,762 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs | | | 1 | |
| | from a combined educational campaign and fundralsing solicitation. Check here ▶ I if | | | | |
| | (ollowing SOP 98-2 (ASC 958-720) | | | | |
| DAA | | | | | Form 990 (2019) |

| | | | (A) Beginning of year | | (B) End of year |
|-----|--|---|---------------------------------------|-----|--|
| 1 | Cash—non-interest-bearing | | 98,459 | 1 | 63,271 |
| 2 | Courses and townsons and unionformatic | | | 2 | |
| 3 | Pledges and grants receivable, net | | 36,192 | 3 | |
| 4 | Associate resourchly mot | | | 4 | |
| 5 | Loans and other receivables from any current or former | officer director | · · · · · · · · · · · · · · · · · · · | | |
| * | trustee, key employee, creator or founder, substantial co | · · · · · · · · · · · · · · · · · · · | | - 1 | |
| 1 | controlled entity or family member of any of these person | | | 5 | |
| 6 | Loans and other receivables from other disqualified person | | | | |
| 1 | under section 4958(f)(1)), and persons described in sect | , | | 6 | |
| 7 | Notes and loans receivable, net | 1011 4936(c)(3)(D) | | 7 | · · · · · · · · · · · · · · · · · · · |
| 7 | Inventories for sale or use | | | 8 | |
| 8 | | *** * * * * * * * * * * | | 9 | |
| 19 | Prepaid expenses and deferred charges | 1 · 1 · · · | | 9 | ······································ |
| Tua | Land, buildings, and equipment cost or other | 40- | | 1 | |
| ١. | basis, Complete Part VI of Schedule D | | | | |
| 1 | | 10b | | 10c | |
| 11 | Investments—publicly traded securities | | | 11 | |
| 12 | Investments—other securities See Part IV, line 11 | .,,,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 12 | |
| 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| 14 | | | | 14 | |
| 15 | Other assets See Part IV, line 11 | | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33 | | 134,651 | 16 | 63,271 |
| 17 | Accounts payable and accrued expenses | | 107,078 | 17 | 87,842 |
| 18 | Grants payable | | | 18 | |
| 19 | Deferred revenue | , | 32,774 | 19 | |
| 20 | Tax-exempt bond liabilities | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of | Schedule D | | 21 | |
| 22 | Loans and other payables to any current or former office | r, director, | | [| |
| | trustee, key employee, creator or founder, substantial con | ntnbutor, or 35% | | | |
| 1 | controlled entity or family member of any of these person | 18 | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third | parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third pa | rties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to | related third | | | ···· |
| 1 | parties, and other liabilities not included on lines 17-24). | Complete Part X | | j | |
| ŀ | of Schedule D | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 139,852 | 26 | 87,842 |
| | Organizations that follow FASB ASC 958, check here | ▶ X | | | |
| | and complete lines 27, 28, 32, and 33. | | | | |
| 27 | Net assets without donor restrictions | | -5,201 | 27 | -24,571 |
| 28 | Net assets with donor restrictions | ****** ***** **** ** *** | | 28 | |
| 1 | Organizations that do not follow FASB ASC 958, chec | k here ▶ | | | |
| 1 | and complete lines 29 through 33. | | | 1 | |
| 29 | Capital stock or trust principal, or current funds | | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment | fund | | 30 | |
| ì | Retained earnings, endowment, accumulated income, or | | | 31 | |
| 34 | | | | | |
| 31 | The same of the sa | , | -5,201 | 32 | -24,571 |

Form **990** (2019)

| Form 990 (2019) WORKFORCE DEVELOPMENT BOARD OF 71-0840597 | | | Page 12 |
|--|----------|---------|-----------|
| Part XI Reconciliation of Net Assets | | | |
| Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1,474 |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | | 0,071 |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | 1,403 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | - | 5,201 |
| 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 | 4 | 0,773 |
| Other changes in net assets or fund balances (explain on Schedule O) | 9 | | · |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| 32, column (B)) | 10 | -2 | 4,571 |
| Part XII Financial Statements and Reporting | | | _ |
| Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | X |
| | | | Yes No |
| 1 Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 📗 Other | | _ [] | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| Schedule O. | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| reviewed on a separate basis, consolidated basis, or both | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | ı |
| b Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| separate basis, consolidated basis, or both | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | 1 1 | |
| the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | |
| If the organization changed either its oversight process or selection process during the tax year, explain on | | | |
| Schedule O. | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | |
| Single Audit Act and OMB Circular A-133? | | 3a | X |
| b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | ··· [] | |
| required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | Form | 990 (2019 |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public inspection

WORKFORCE DEVELOPMENT BOARD OF Name of the organization Employer identification number EASTERN ARKANSAS 71-0840597 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, 4 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.) 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) 8 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 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. b | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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 II, Type III, 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 (IV) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019 WORKFORCE DEVELOPMENT BOARD OF 71-0840597

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, p | olease complete | Part III) | |
|------|---|-----------------------|---------------------|------------------------|---|---------------------------------------|------------|
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,388,274 | 1,635,007 | 1,632,793 | 1,606,692 | 1,581.474 | 7,844,240 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,388,274 | 1,635,007 | 1,632,793 | 1,606,692 | 1,581,474 | 7,844,240 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | *************************************** | | 7,844,240 |
| Sec | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 | Amounts from line 4 | 1,388,274 | 1,635,007 | 1,632,793 | 1,606,692 | 1,581,474 | 7,844,240 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4 | | | | | 4 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | ··· | | | 7,844,244 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | organization's first, | second, third, fou | rth, or fifth tax year | r as a section 501 | (c)(3) | |
| | organization, check this box and stop here | 2 | | | | | ▶□ |
| Sec | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2019 (line 6, | column (f) divided | by line 11, column | 1 (f)) | **** * ***** **** | 14 | 100.00% |
| 15 | Public support percentage from 2018 Sche | dule A, Part II, line | 14 | *** (4 (7*** *** | * ***** | 15 | 100.00% |
| 16a | 33 1/3% support test—2019. If the organi | zation did not chec | k the box on line 1 | 3, and line 14 is 3 | 3 1/3% or more, ct | neck this | |
| | box and stop here The organization quali | | | | | ··· · · · · · · · · · · · · · · · · · | ► X |
| b | | | | | | • | |
| | this box and stop here. The organization of | | | | | | ▶ ∐ |
| 17a | 10%-facts-and-circumstances test—201 | • | | | | | |
| | 10% or more, and if the organization meet | | | | | | |
| | Part VI how the organization meets the "fa | | | | , , | | ► □ |
| | organization | A | | | 405 - 47- | | 🏲 📙 |
| Ь | 10%-facts-and-circumstances test—201 | • | | | | une | |
| | 15 is 10% or more, and if the organization | | | | • | hliofi. | |
| | Explain in Part VI how the organization me supported organization | | | _ | • | • | ▶ □ |
| 18 | Private foundation. If the organization did | not check a box o | n line 13 16a 16b | 17a or 17h chec | rk this boy and ees | <u>.</u> | |
| 10 | mata reliana | | | | | | ▶ □ |
| | Instructions | *** | | | | ichedule A (Form 990 | |

| Sche | dule A (Form 990 or 890-EZ) 2019 WOR | KFORCE D | EVELOPMEN | T BOARD C |)F 7: | 1-0840597 | Page |
|----------|--|--------------------|-----------------------|-----------------------|---|-------------|-------------|
| P | art III Support Schedule for O | ganizations | Described in | Section 509(a) | (2) | | |
| | (Complete only if you chec | | | | | | Part Jl. |
| | If the organization fails to | qualify under | the tests listed | below, please | complete Part | II.) | |
| | tion A. Public Support | | <u>-</u> | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕒 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gilts, grants, contributions, and membership lees received, (Do not include any "unusual grants.") | ······ | | • | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| -5 | The value of services or facilities furnished by a governmental unit to the organization without charge | • | | | | | |
| 6 | Total. Add lines 1 through 5 | | · | ļ | 4 | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | - · - <u> </u> | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | 1 | | | |
| | tion B. Total Support | | / | | | | |
| Caler | dar year (or fiscal year beginning in) | (a) 2015 | (b) 20,16 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | , | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | / | | | | | |
| С | Add lines 10a and 10b | /_ | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, | | | | | | |
| 14 | and 12.) First five years. If the Form 990 is for the organization, check this box and stop here | organization's fir | st, second, third, fo | urth, or fifth tax ye | ar as a section 50 | 1(c)(3) | ~ [|
| Sec | tion C. Computation of Public Su | pport Percer | otage | <u> </u> | <u> </u> | | |
| 15 | Public support percentage for 2019 (line 8, | | | mn (fl) | | 15 | % |
| 15 16 | Public support percentage from 2018 Sched | iule A Pari III II | | | , | 1 4 4 1 | % |
| | tion D. Computation of Investmen | | | | · · · · · · · · · · · · · · · · · · · | | 78 |
| 17 | Investment income percentage for 2019 (lin | | | 3. column (ft) | | 17 | % |
| 18 | Investment income percentage from 2018 S | Schedule A Part | III. line 17 | o, sommit (i)) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 18 | % |
| 19a | 33 1/3% support tests—2019. If the organi | zation did not ch | neck the box on line | e 14. and line 15 is | more than 33 1/3 | %, and line | |
| | 17 is not more than 33 1/3%, check this box | | | | | | ▶ □ |
| b | 33 1/3% support tests—2018. If the organi | | | | | | |
| | line 18 is not more than 33 1/3%, check this | | | | | | ▶ [|

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

Part IV Supporting Organizations

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

| Section A | A. All S | Supportin | g Organ | izations |
|-----------|----------|-----------|---------|----------|
| | | | | |

- 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
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- Substitutions only Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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 |
|-------------|----------|---------|----------|
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| | tule A (Form 990 or 990-EZ) 2019 WORKFORCE DEVELOPMENT BOARD OF 71-0840 | 597 | | Page 5 |
|-----------|---|------------|-----------|--|
| <u>Pa</u> | rt IV Supporting Organizations (continued) | <u>.</u> | T | |
| 44 | How the emphysially assessed a self-as approximation from the following | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | - 1 | } | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 140 | | |
| h | A family member of a person described in (a) above? | 11a 11b | - | - |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | ╁ |
| | tion B. Type I Supporting Organizations | 1110 | <u> </u> | · |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | 1 |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | Ī | i |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | 1 |
| | controlled the organization's activities. If the organization had more than one supported organization, | | į | { |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | 1 |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | <u></u> |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | ļ | | 1 |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised or controlled the supporting organization. | 2 | | |
| Sect | tion C. Type II Supporting Organizations | | | т |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | ĺ |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | i |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | f |
| Sect | the supported organization(s). ion D. All Type III Supporting Organizations | 1 1 | | <u>. </u> |
| 0000 | ion D. All Type III depporting digenizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | ··· |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 1 | l |] |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 1 | | 1 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | İ |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | L |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | 1 | | ſ |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | İ |
| | supported organizations played in this regard | 3 | | <u> </u> |
| Secti | ion E. Type III Functionally-Integrated Supporting Organizations | | | w |
| 1 | Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see Instruction | ns). | | |
| а | The organization satisfied the Activities Test Complete line 2 below | | | |
| þ | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| С | The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see inst | ructions) | | |
| 2 / | Activities Test. Answer (a) and (b) below. | ı | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | İ |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 1 1 | | |
| | that these activities constituted substantially all of its activities | 2a | | } |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 1 1 | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| þ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each |] | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | <u></u> |

| Schedule A (Form 990 or 990-EZ) 2019 WORKFORCE DEVELOPMENT BOARD | | 71-0840 | 597 Page 6 |
|--|---------|------------------------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | aniza | tions | |
| 1 Check here if the organization satisfied the integral Part Test as a qualifying trust on No | v. 20, | 1970 (explain in Part VI) S | 80 |
| instructions. All other Type III non-functionally integrated supporting organizations mus | t comp | olete Sections A through E | |
| Section A - Adjusted Net Income | | (A) Pnor Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recovenes of prior-year distributions | 2 | | |
| 3 Other grass 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 | 1 | | |
| 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) | В | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | · |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Mulliply line 5 by .035. | 6 | | |
| 7 Recovenes of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally integrated instructions). | Type II | I supporting organization (s | ee |
| | | 0-1-11-1 | 15 000 000 ET 0040 |

| | Ile A (Form 980 or 990-EZ) 2019 WORKFORCE DEVELOPE Type III Non-Functionally Integrated 509(a)(3) | | 71-0840 |)597 Page : |
|----------------|--|---|-----------------------------|-------------------------------|
| | tion D - Distributions | Supporting Organiza | · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpo | ege . | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes | ~~~ | | |
| - | organizations, in excess of income from activity | o or supported | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supp | orted organizations | | |
| 4 | Amounts paid to acquire exempt-use assets | artes organizations | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | <u> </u> |
| 7 | Total annual distributions. Add lines 1 through 6. | — · · · · · · · · · · · · · · · · · · · | | |
| 8 | Distributions to attentive supported organizations to which the organizations | ation is responsive | | |
| | (provide details in Part VI). See instructions. | , | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | ······································ | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (i) | (ii) | (isl) |
| | Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required-explain in Part VI) See | | | |
| | instructions, | | | |
| 3_ | Excess distributions carryover, If any, to 2019 | | | |
| | From 2014. | | | |
| | From 2015 | | | |
| | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | <u> </u> |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| ! - | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7 | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | ļ |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI See instructions | | | |
| 6 | Remaining underdistributions for 2019 Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| - | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020 Add lines 3j | | | |
| | and 4c. | | | |
| 8_ | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 Excess from 2019 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (For | m 990 or 980 EZ) 2010 | WORKFOR | CE DEV | /elopment | BOARD | OF | 71-0840597 | Page 8 |
|---|---|--|--------------|--|--|---|--|---|
| Part VI | | Information, Pro | vide the e | explanations re | equired by f | Part II, line 1 | 0, Part II, line 17a or 1b, and 11c; Part IV, | |
| | | | | | | | rt IV, Section E, lines | |
| | | | | | | | 6, and 8, and Part V, | |
| | | 6 Also complete | | | | | | |
| | | | | | | | | |
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| 3. | • • • | | . , | • | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
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SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No 1545-0047 2019 Open to Public

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for Instructions and the latest Information Inspection Name of the organization Employer Identification number WORKFORCE DEVELOPMENT BOARD OF 71-0840597 EASTERN ARKANSAS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year ..., ... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Hold at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of arl, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X ..

| Schedule D (Form 990) 2019 WORKFORO | | | | 71-08405 | | | Page 2 |
|--|--------------------------|-------------------------|--|--------------------|---|--|-----------|
| Part III Organizations Maintainir | ng Collections of | Art, Historical | Treasures, | or Other Sim | ilar Assets | (continue | ed) |
| 3 Using the organization's acquisition, access collection items (check all that apply) | sion, and other record | s, check any of the f | ollowing that n | nake significant u | se of its | | |
| a Public exhibition | ٦٥ | Loan or exchange p | rogram | | | | |
| b Scholarly research | e 🗍 | Other | | | | | |
| c Preservation for future generations | ـــ | • | ., ,,, , | ** ** *** * *** | ,,, , | | |
| 4 Provide a description of the organization's XIII. | collections and explain | n how they further th | e organization' | s exempt purpose | e in Part | | |
| 5 During the year, did the organization solici | t or receive donations. | of art historical treas | sures or other | sımılar | | | |
| assets to be sold to raise funds rather than | | • | | | | Yes | □ No |
| Part IV Escrow and Custodial A | | part of the organizati | on a concount | • | . · · · · · · · · · · · · · · · · · · · | 1 103 | 1 140 |
| Complete if the organization | | " on Form 990, P | art IV, line 9 | 9, or reported | an amount o | on Form | |
| 1a Is the organization an agent, trustee, custo | odian or other intermed | Name for contributions | or other essen | ls and | | | |
| | | | | | | Yes | □No |
| included on Form 990, Part X? b If "Yes" explain the arrangement in Part X | III and complete the fe | flowing table | | •• • •• •• | • | ☐ ies | □ 40 |
| b it res explain the analigement in rait A | in and complete the n | Silowing table | | | <u> </u> | Amount | |
| e Regioning balance | | | | | 10 | 71110011 | |
| | | | | | 1c | | - <u></u> |
| d Additions during the year | | •• ••• •• •• •• •• | •• • ••••• | | 1d | | |
| e Distributions during the year | | | | | 1e | | |
| f Ending balance | | | | | 1f | T 1 | <u> </u> |
| 2a Did the organization include an amount on | | | | ., .,, | | Yes | No |
| b If "Yes," explain the arrangement in Part X | III, Check here if the e | xplanation has been | provided on Pa | art XIII | | | |
| Part V Endowment Funds. Complete if the organization | on answered "Yes" | on Form 990, P | art IV, line 1 | 10 | | | |
| | (a) Current year | (b) Prior year | (c) Two yes | | hree years back | (e) Four ya | ers back |
| 1a Beginning of year balance | | | | | | 1 | |
| b Contributions | | | | | | | |
| c Net investment earnings, gains, and | | | | | | | |
| | | } | 1 | | | | |
| d Grants or scholarships | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | |
| e Other expenditures for facilities and | | | | | · | | |
| · . | | | | | | ł | |
| programs | | <u> </u> | | | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the cu | | . // do /o` | <u> </u> | | | <u> </u> | |
| | | e (line 1g, column (a) |)) neto as. | | | | |
| a Board designated or quasi-endowment ▶ | | | | | | | |
| b Permanent endowment ▶ | 1 | | | | | | |
| c Term endowment ▶ % | | | | | | | |
| The percentages on lines 2a, 2b, and 2c si | • | | | | | | |
| 3a Are there endowment funds not in the post | session of the organiza | ation that are held an | d administered | for the | | <u> </u> | |
| organization by | | | | | | | es No |
| | | | | | | 3a(i) | |
| (II) Related organizations | | | | | | 3a(iı) | _ |
| b If "Yes" on line 3a(ii), are the related organ | izations listed as requi | red on Schedule R? | | , | | 3b | ! |
| 4 Describe in Part XIII the intended uses of t | | owment funds. | | | | | |
| Part VI Land, Buildings, and Eq Complete if the organization | | on Form 990. Pa | art IV. line 1 | 1a. See Form | 990. Part X | Cline 10. | |
| Description of property | (a) Cost or other | | r other basis | (c) Accumulat | | (d) Book valu | |
| - control of without | (investment) | | her) | depreciation | 1 | | |
| 1a Land | | | | | | · | |
| b Buildings | | | | | | | |
| - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | · } | | | | | | |
| e Other Total Add lines 1a through 1e (Column Id) mus | t equal Form QQn Pen | X column (B) line | 10c l | | | | |

| Schedule D (| Form 990) 2019 WORKFORCE DEVELOPMENT | BOARD OF | 71-0840597 | Page 3 |
|----------------|---|---|-----------------------------|----------------|
| Part VII | Investments - Other Securities. | | | |
| | Complete if the organization answered "Yes" on f | orm 990, Part I | V, line 11b See Form 990, P | art X, line 12 |
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of secunly) | | Cost or and-of-year | r market value |
| (1) Financial | | · · · · · · · · · · · · · · · · · · · | | |
| | eld equity Interests | | | |
| (3) Other | ,,,,,, ,, ,,,, ,,, ,,,,,,,,,,,,,,,,,,, | ļ | | |
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| | | | | |
| | nn (b) must equal Form 990, Part X, col (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | <u> </u> | | ····· |
| · art viii | Complete if the organization answered "Yes" on F | form 990 Part I | V line 11c See Form 990 P | art X line 13 |
| | (a) Description of investment | (b) Book value | (c) Melhod of | |
| | 1-7 | (2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2 | Cost or end-of-year | |
| (1) | | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | | |
| (3) | | | | ···· |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | ····· | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on F | orm 990, Part I | V, line 11d See Form 990, P | |
| | (4) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| _(3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) | | · · · · · · · · · · · · · · · · · · · | | |
| | n (b) must equal Form 990. Part X. col (B) line 15.) | | | |
| Part X | Other Liabilities. | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| | Complete if the organization answered "Yes" on F | orm 990, Part I | V, line 11e or 11f See Form | 990, Part X, |
| | line 25. | , | , | |
| 1. | (a) Description of liability | | | (b) Book value |
| | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | .= | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) fine 25.) | | <u> </u> | |

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.

| Sche | dule D (Form 990) 2019 WORKFORCE DEVELOPMENT BOARD OF 71-084 | 0597 | Page 4 |
|-----------|--|-----------------|---------------------------------------|
| Pa | art XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | r Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | . 1 | 1,581,474 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments | | |
| Ь | Donated services and use of facilities | | |
| С | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIII.) | | |
| 0 | Add lines 2a through 2d | 20 | |
| 3 | Subtract line 20 from line 1 | , 3 | 1,581,474 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| þ | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | . <u>4c</u> | # FO4 454 |
| -5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 1,581,474 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Returr |), |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | 1 560 001 |
| 1 | Total expenses and losses per audited financial statements | · 1 | 1,560,071 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | 1 1 | |
| a | Donated services and use of facilities 2a | | |
| þ | Prior year adjustments 2b | | |
| С | Other losses 2c | | |
| đ | Other (Describe in Part XIII.) | | |
| θ | Add lines 2a through 2d | 20 | 1 560 081 |
| 3 | Subtract line 2e from line 1 | . 3 | 1,560,071 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1; | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | . 4c | 1 560 071 |
| <u> 5</u> | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,560,071 |
| | rt XIII Supplemental Information. de 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, lines | o A Dod V Iv | ~ |
| | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information | 5 7, Fail A, 18 | ic |
| 2, r a | tt XI, illies 24 and 46, and 1 art XII, lines 24 and 46 Also complete this part to provide any additional information | | |
| | the control of the co | | . . |
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number Name of the organization WORKFORCE DEVELOPMENT BOARD OF EASTERN ARKANSAS 71-0840597 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR PRIOR TO BEING SUBMITTED. A COPY OF THE FORM 990 IS SUBMITTED TO THE EXECUTIVE COUNCIL FOR REVIEW. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY IF OFFICERS OR BOARD MEMBERS HAVE A RELATIONSHIP OR AFFILIATION WITH AN ORGANIZATION, THE BOARD MEMBERS ARE ASKED TO ABSTAIN FROM VOTING ON ANY ISSUES RELATIVE TO THE ORGANIZATION. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR THE EXECUTIVE COUNCIL CONDUCTS A REVIEW AND APPROVAL OF THE EXECUTIVE DIRECTOR'S SALARY. THEY ALSO REVIEW THE SALARIES OF KEY EMPLOYEES BY REVIEWING AGAINST COMPARABILITY DATA PRIOR TO APPROVING. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE PARTY REQUESTING THE INFORMATION WOULD NEED TO SUBMIT A FOI (FREEDOM OF INFORMATION) REQUEST TO THE BOARD. FORM 990, PART XII - ADDITIONAL INFORMATION AT THE TIME OF FILING THE 990, THE AUDIT OF THE FINANCIAL STATEMENTS WAS NOT COMPLETED, BUT AN AUDIT IS IN PROGRESS.

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

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