Form 990-N (e-Postcard) Summary (**THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)

Tax period beginning 10/01/2020 and ending 09/30/2021

| Organization's legal name | Employer ID number |
|---|-------------------------------|
| BROWARD WORKFORCE DEVELOPMENT BOARD, INC | 59-2343346 |
| Other names used by organization (DBA) | |
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| Number and street (or P.O. box, if applicable) Room/Suite ROAD | Telephone number 954-202-3830 |
| City or town, state or country and ZIP + 4 FORT LAUDERDALE, FL 33309 | |
| Web address, if applicable WWW.CAREERSOURCEBROWARD.COM | |
| Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year Check if organization is terminating (going out of business) | X |
| Information regarding principal officer: | |
| Name FRANK HORKEY | |
| Street address 7301 NW 4TH ST, STE 102 | |
| City, state or country and ZIP + 4 | |