For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493089009011

2019

OMB No. 1545-0047

Department of the

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

		nue Service							
			alendar year, or tax year begin	ning 07-01-2019 , and endi	ng 06-30	-2020			
	dress	pplicable: change	C Name of organization WORKNET PINELLAS INC				D Employe 73-1678		ication number
□ Ini	tial re	-	Doing business as CAREERSOURCE PINELLAS						
		d return on pending	13905 59TH STREET NICHTE 2-140	ail is not delivered to street address)	Room/suit	te	E Telephone (727) 60		
			City or town, state or province, coul CLEARWATER, FL 33760	ntry, and ZIP or foreign postal code			G Gross red	eipts \$ 10	0,218,758
			F Name and address of principa	al officer:		H(a) Is t	his a group ret	urn for	
			JENNIFER BRACKNEY 13805 58TH STREET N SUITE 2-	-140		sub	ordinates?		□ _{Yes} ☑ _{No}
			CLEARWATER, FL 33760				all subordinate uded?	es	☐ Yes ☐No
I Ta	x-exer	mpt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.)	J ₅₂₇ │		udeur No," attach a li	st. (see	
J W	ebsit	te:► WW	vw.careersourcepinellas.com				up exemption	•	•
K Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation Other		L Year of for	mation: 2001	M State	of legal domicile: FL
Pa	art I	Sum	mary		•				
e C	-	THE MISS	scribe the organization's mission o ION OF CAREERSOURCE PINELLA! O WORKFORCE SOLUTIONS.		LINE FOR	TODAY AN	D THE FUTURE	BY PRO	VIDING EASY
anc anc	-								
EI .	-								
٥.	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	scontinued its operations or disp	osed of m	ore than 25	% of its net as	sets.	
ت ×ة	3	Number o	of voting members of the governing	ng body (Part VI, line 1a)			•	3	31
Se	4	Number o	of independent voting members of	the governing body (Part VI, lin	e 1b) .			4	31
Activities & Governance	5	Total nun	nber of individuals employed in ca	lendar year 2019 (Part V, line 2a	a)			5	96
Act	6	Total nun	mber of volunteers (estimate if ne	cessary)				6	0
	ı		elated business revenue from Par				•	7a	0
	b	Net unrel	lated business taxable income from	n Form 990-T, line 39				7b	0
		C -	Line and marks (Dad VIII (in a 41)			-	rior Year	F4	Current Year
₫.	l		tions and grants (Part VIII, line 1h)				9,192,2	_	9,441,414
Rəvenue	l	_	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), l				184,9	_	120,144 19,106
æ	l		venue (Part VIII, column (A), lines	· · ·	•		1,0	0	638,094
	l		enue—add lines 8 through 11 (mu		ne 12)		9,378,8		10,218,758
	_		nd similar amounts paid (Part IX, o		/		573,5	68	538,397
	l		paid to or for members (Part IX, co	* **			<u> </u>	0	0
ς.	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines	5-10)		5,052,5	77	4,489,612
Expenses	16a	Profession	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0	0
e G	b	Total fund	raising expenses (Part IX, column (D),	line 25) ▶0					
ā	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			3,994,3	73	4,604,990
	18	Total exp	penses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)			9,620,5	18	9,632,999
	19	Revenue	less expenses. Subtract line 18 fr	om line 12			-241,6	34	585,759
Net Assets or Fund Balances						Beginnir	ng of Current Ye	ar	End of Year
Ass Ba	l		ets (Part X, line 16)		•		4,268,3		4,294,123
E de	l		oilities (Part X, line 26)		• •		1,761,9	_	1,201,907
		_	ts or fund balances. Subtract line	21 from line 20	•		2,506,4	57	3,092,216
	rt II		ature Block erjury, I declare that I have exam	ined this return, including accon	nanving	schedules a	nd statements	and to	the best of my
	ledge	and belie	or, it is true, correct, and complete						
		*****	*			2	021-03-30		
Sign		Signati	ure of officer				ate		
Here		JENNIF	FER BRACKNEY CHIEF EXECUTIVE OFFI	CER					
			r print name and title						
		P	Print/Type preparer's name	Preparer's signature		ate		TIN	
Paid	t	L				s	elf-employed	01426180	J
Pre	pare	er F	Firm's name POWELL AND JONES C	PA'S		F	ïrm's EIN ► 59-2	2145410	
Use	On	ıly 🎏	Firm's address ► 1359 SW MAIN BLVD			F	hone no. (386) 7	55-4200	
			LAKE CITY, FL 32025						
May t	he ID	S discuss	this return with the preparer show	un aboyo? (soo instructions)					 ∕es □ No

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2	019)					Page 2
Pa	rt III	Statement	of Program Servic	e Accomplis	hments		
		Check if Scheo	lule O contains a respo	nse or note to a	any line in this Part		🗆
1	Briefly	describe the or	rganization's mission:				
		N OF CAREERSO SOLUTIONS.	DURCE PINELLAS IS TO	BUILD THE TA	LENT PIPELINE FOR	TODAY AND THE FUTURE BY PRO	VIDING EASY ACCESS TO
2	the pri	ior Form 990 or	990-EZ?			r which were not listed on	☐ Yes ☑ No
_		•	se new services on Sch		-l		
3	service	es?	tease conducting, or m		cnanges in now it co	onducts, any program	. □Yes ☑No
4	Sectio	n 501(c)(3) and		ns are required	to report the amou	ree largest program services, as r int of grants and allocations to oth	
4a	(Code:) (Expenses \$	4,620,165	including grants of \$	499,879) (Revenue \$)
	See Ad	ditional Data					
4b	(Code: See Ad	ditional Data) (Expenses \$	2,011,363	including grants of \$	9,501) (Revenue \$)
4c	(Code: See Ad	ditional Data) (Expenses \$	695,962	including grants of \$	25,820) (Revenue \$)
	(Code:) (Expenses \$	1,222,808	including grants of \$	3,197) (Revenue \$	777,344)
4d		program servic	es (Describe in Schedu 1,222,808 incl	ıle O.) uding grants of	\$	3,197) (Revenue \$	777,344)
		· · · · · · · · · · · · · · · · · · ·	ice expenses ▶	8,550,2	<u> </u>		,
		r g. a 501 v	expenses	5,550,2			Form 990 (2019)

orm	990 (2019)			Page 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 90	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			

Nο

15

co 23 Dia an Sc 24a Dia tha co c Dia to d Dia 25a Se	Checklist of Required Schedules (continued) d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, blumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 23 24a 24b 24c	Yes	No No
co 23 Dia an Sc 24a Dia tha co c Dia to d Dia 25a Se	Isolumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b		No
co 23 Dia an Sc 24a Dia tha co c Dia to d Dia 25a Se	Isolumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b	Yes	
an Sc 24a Die the co. b Die to d Die 25a Se	In difference of ficers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete chedule J	24a 24b	Yes	No
the co. b Die c Die to d Die 25a Se	e last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and emplete Schedule K. If "No," go to line 25a	24b		No
c Did to d Did 25a Se	d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?			
to d Did 25a S e	defease any tax-exempt bonds?	24c		
25a Se	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
		24d		
ti c	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
tha	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete chedule L, Part I	25b		No
off	d the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II	26		No
en a 3	d the organization provide a grant or other assistance to any current or former officer, director, trustee, key inployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete chedule L,Part III	27		No
	as the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions):			
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," omplete Schedule L, Part IV	28a		No
b A 1	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> omplete Schedule L, Part IV	28c		No
29 Die	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation on tributions? If "Yes," complete Schedule M	30		No
31 Die	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No No
	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete the chedule N, Part II	32		No
	d the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and art V, line 1	34		No
35a Die	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ganization? If "Yes," complete Schedule R, Part V, line 2	36		No
	d the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Die All	d the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. I Form 990 filers are required to complete Schedule O	38	Yes	

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

20

0

1c

1a

1b

Pai	statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	96						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	r, a 4a		No				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere 6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serprovided to the payor?	vices 7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file 7 c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For 1098-C?	m 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						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	_						
C 14a		14a		No				
	4a Did the organization receive any payments for indoor tanning services during the tax year?							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exce	14b						
	parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No				

01111	330 (2013)			rage
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	'No" resp	onse to	lines
Se	ection 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 1a	31		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	31		
2		_		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis of officers, directors or trustees, or key employees to a management company or other person?	-		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo	<u> </u>		
	members of the governing body?	7a 7b		No
	persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year bette following:	У		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	[
b	Other officers or key employees of the organization	15b	Yes	
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp	on t		
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: STEVEN MEIER CPA 13805 58TH STREET N SUITE 2-140 CLEARWATER, FL 33760 (727) 608-2554			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization should be organization from the organization from t	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization or any related organization or any related organization of from the organization of from the organization of from the organization organi	year.		•						, ,		-	n's ta	Κ
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, or 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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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 organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)													Page 8
Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Empl	oye	es,	and	High	est Co	mpensate	d Employees (cont	inued)	
(A) Name and title	(B) Average hours per week (list any hours		ne b	ox, u n off	t che inles ficer	ss pers	son	Rep comp fro	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations		Estima amount o compens from	ated of other sation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	_	Key employee	Highest compensated employee	Former	(W-2	2/1099- ISC)	(W-2/1099- MISC)		organizati relat organiza	ion and ed
See Additional Data Table						_					+		
											_		
											_		
											+		
											-		
											+		
1b Sub-Total						>							
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)				•					780,991	C			36,856
2 Total number of individuals (including					bove	e) who	rece	eived mo	re than \$10	00,000			<u> </u>
of reportable compensation from the	organization >	5											
										г		Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule 3			ee, k	ey er	mplo •	oyee,	or hi	ghest cor	mpensated	employee on	3	Yes	
For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization									tion or indi	vidual for	5		No
Section B. Independent Contract	ors									L			
Complete this table for your five higher from the organization. Report comper	nsation for the c									ı's tax year.	pen		
Name a	(A) and business addre	ess							Descr	(B) ription of services		(C Comper	
NEW HORIZONS COMPUTER LEARNING CENTER									TRAINING P	ROVIDER			753,714
5402 W LAUREL STREET SUITE 200 TAMPA, FL 33607													
ST PETERSBURG COLLEGE									TRAINING P	ROVIDER			364,685
PO BOX 13489 ST PETERSBURG, FL 33733													
COMPLETE TECHNOLOGY SOLUTIONS									IT SERVICE	PROVIDER			278,903
8328 BALM ST													
WEEKI WACHEE, FL 34607 GALEN COLLEGE OF NURSING									TRAINING P	ROVIDER			277,922
10200 DR MARTIN LUTHER KING JR ST ST PETERSBURG, FL 33716													
COMPUTER COACH TRAINING									TRAINING P	ROVIDER			234,795
5005 N HESPERIDES ST TAMPA, FL 33614													
2 Total number of independent contractor compensation from the organization > 9		not lim	ited t	o th	ose	listed	abov	e) who r	received mo	ore than \$100,000	of		_
	-											Form 99	0 (2019)

Form 9			of Boyonua						Page 9
Part '	VIII		of Revenue	a resno	onse or note to any	line in this Part VIII			\sqcap
		SHOCK II SCHOOL	- Section of the sect	<u> </u>	The to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	18	Federated campa	aigns	1a		•	•		•
Contributions, Gifts, Grants and Other Similar Amounts	ļ	b Membership due:	s	1b					
F, Gr		c Fundraising even		1c					
ifts ar A		d Related organiza		1d					
s, G imil		e Government grants		1e	9,441,414				
tion r Si	1	 All other contribution and similar amounts above 	ons, gifts, grants, s not included	1f					
ibut St be	١,	Noncash contribution	ons included in						
on tr		lines 1a - 1f:\$		1g					
<u>ت =</u>		h Total. Add lines	1a-1f	•	>	9,441,414			T
	٦-	TICKET TO WORK			Business Code	99,153	99,153		
<u>.</u>	2a	TICKET TO WORK			561300	, , , , ,			
Ne III	b	SPONSORSHIPS			561300	4,466	4,466		
<u>a</u>					-				
- ĂĊĘ	С								
Program Service Revenue	d								
gran	e								
Š						16,525	16,525		
	f	All other program	service revenue	٠.		10,323	10,323		
		Total. Add lines 2			120,144	1	T		
	S	Investment income similar amounts) .			•	19,106	19,106		
		Income from invest		·		-			
	5	Royalties	(i) Re		(ii) Personal	` <u> </u> 			
		_		<u> </u>	(ii) i cissilai				
		Gross rents Less: rental	6a						
	_	expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income	e or (loss)			1			
			(i) Secur	rities	(ii) Other				
	7a	Gross amount from sales of	7a						
		assets other than inventory							
	b	Less: cost or other basis and	7b						
		sales expenses							
		Gain or (loss)	7c						
		Net gain or (loss)		<u> </u>	· · · >				
an	oa	Gross income from fu (not including \$	of						
_ Ke		contributions reporte See Part IV, line 18		8a					
R	b	Less: direct expen	ises	8b					
Other Revenue	c	: Net income or (los	ss) from fundrais	sing ev	ents	_			
	9a	Gross income from	gaming activities						
		See Part IV, line 19		9a					
		Less: direct expen		9b	ies				
	C	: Net income or (los	nom gaming رده	activit	les >				
	10a	Gross sales of inve	entory, less						
	b	Less: cost of good		10a 10b		-			
		Net income or (los				_			
		Miscellaneo	us Revenue		Business Code				
	11	again on sale/d	ISPOSAL		90009	638,094	638,094		
	L								
	b	,							
	c								
	d	All other revenue							
	e	Total. Add lines 1	1a-11d		•	638,094			
	12	Total revenue. S	ee instructions			·			0
					•	10,218,758	777,344	<u> </u>	0 (2010)

Forr	n 990 (2019)				Page 10
Ρ	art IX Statement of Functional Expenses				(1)
	Section 501(c)(3) and 501(c)(4) organizations must co		_		· · · · · · · · · · · · · · · · · · ·
_	Check if Schedule O contains a response or note to an	y line in this Part IX	(B)		<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	538,397	538,397		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	829,678	406,405	423,273	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,364,392	2,201,854	162,538	
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	177,539	148,868	28,671	
۵	Other employee benefits	834,644	713,561	121,083	
	· '	283,359	238,518	44,841	
	Payroll taxes	263,339	238,318	44,841	
	Fees for services (non-employees):				
	a Management				
•	Legal	109,898	10,498	99,400	
•	c Accounting	39,813		39,813	
	i Lobbying				
•	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
ģ	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,870	58,197	30,673	
12	Advertising and promotion	9,295	9,295		
13	Office expenses	212,165	184,159	28,006	
14	Information technology	475,799	473,976	1,823	
15	Royalties				
16	Occupancy	365,577	350,389	15,188	
17	Travel	19,820	13,586	6,234	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,611	5,765	4,846	
20	Interest	16,015	16,015		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,176	9,171	22,005	
23	Insurance	94,373	83,948	10,425	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a CUSTOMER TRAINING	2,865,527	2,865,438	89	
	b CUSTOMER SUPPORT SERVIC	143,095	142,915	180	
	c OTHER EXPENSES	82,054	40,666	41,388	
	d LICENSES DUES AND OTHER	25,491	23,266	2,225	
	e All other expenses	15,411	15,411		
25	Total functional expenses. Add lines 1 through 24e	9,632,999	8,550,298	1,082,701	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
			l l		Form 000 (2010)

Form 990 (2019)

1 2 3,638,311

End of year

29

30

31

32

33

3,092,216

4,294,123

Form 990 (2019)

2,506,457

4,268,395

Page **11**

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

Cash-non-interest-bearing	1,410,074	1	
Savings and temporary cash investments		2	
Pledges and grants receivable net	196 562	J	

Beginning of year

406.854 3 Pledges and grants receivable, net . 82.814 4 Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

46,463 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 70,390 9 10a Land, buildings, and equipment: cost or other 10a 327,171 basis. Complete Part VI of Schedule D 10b 269,871 2,497,926 10c b Less: accumulated depreciation

145,195 57,300 11 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 . 9.382 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets . 1,247 15 15 Other assets. See Part IV, line 11 . . . 4,268,395 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 4,294,123 17 Accounts payable and accrued expenses 900.986 17 1,132,470

18 18 Grants payable . 19 235.195 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 625,757 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties

69.437 Liabilities 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 1.761.938 1.201.907 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33. 27 2,506,457 Net assets without donor restrictions 27

Fund Balances 3.092,216 28 28 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Retained earnings, endowment, accumulated income, or other funds

complete lines 29 through 33. ō 29 Capital stock or trust principal, or current funds Assets 30 Paid-in or capital surplus, or land, building or equipment fund . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

31

32

33

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10.	218,758
2	Total expenses (must equal Part IX, column (A), line 25)	2			632,999
3	Revenue less expenses. Subtract line 2 from line 1	3			585,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2.	506,457
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3,	092,216
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		~
			-	Yes	No
4	Accounting method used to prepare the Form 990:				
•	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	ĺ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle	3a	Yes	

Form **990** (2019)

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 in Schedule O and describe any steps taken to undergo such audits. 3b Yes

Additional Data

Software ID:

Software Version: **EIN:** 73-1678180

Name: WORKNET PINELLAS INC.

Form 990 (2019)

Form 990, Part III, Line 4a: WORKFORCE INNOVATION AND OPPORTUNITY ACT - THE PURPOSE OF THE PROGRAM IS TO BUILD A SKILLED WORKFORCE THAT EMPLOYERS NEED. THIS PROGRAM IS DESIGNED TO PROVIDE TRAINING OPPORTUNITIES IN HIGH DEMAND OCCUPATIONS TO INCREASE EMPLOYMENT, RETENTION AND EARNINGS OF WIOA PROGRAM PARTICIPANTS.

Form 990, Part III, Line 4b: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - THE PURPOSE OF THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM IS TO PROVIDE TEMPORARY FINANCIAL HELP TO ELIGIBLE LOW-INCOME FAMILIES. THE PROGRAM IS DESIGNED TO END DEPENDENCE BY NEEDY PARENTS ON GOVERNMENT BENEFITS BY

PROMOTING TRAINING, JOB PREPARATION AND WORK.

Form 990, Part III, Line 4c: EMPLOYMENT SERVICE CLUSTER - THE PURPOSE OF THE PROGRAM IS TO IMPROVE THE FUNCTIONING OF THE NATION'S LABOR MARKETS BY BRINGING TOGETHER INDIVIDUALS SEEKING EMPLOYMENT WITH EMPLOYERS SEEKING WORKERS. THE SERVICES PROVIDED THROUGH WAGNER PEYSER ARE JOB SEARCH ASSISTANCE, RECRUITING ASSISTANCE FOR EMPLOYERS, MATCHING SERVICES FOR JOB SEEKERS AND EMPLOYERS AND WORK TEST REQUIREMENTS ASSISTANCE FOR

UNEMPLOYMENT COMPENSATION CLAIMANTS.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

PAST CHAIR

MR JOHN HOWELL

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MS VIVIAN AMADEO

MR WILLIAM APPLE

.........

MR RUSSELL LEGGETTE

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MS CELESTE FERNANDEZ BOARD MEMBER	1.00	Х						0	0	0
MR DAVID FETKENHER TREASURER	1.00	Х		х				0	0	0
MS CAROLYN KING	1.00								_	_

BOARD MEMBER						
MR DAVID FETKENHER	1.00	×	x		0	
TREASURER		^			9	,
MS CAROLYN KING	1.00	_			0	
BOARD MEMBER		^			J	'
MS KARLA LEAVELLE	1.00	v	v		0	
BOARD CHAIR		^	^		١	,

MS CAROLYN KING	1.00	~						0	0	
BOARD MEMBER		^								
MS KARLA LEAVELLE	1.00	×		х				0	0	
BOARD CHAIR										
MR MIKE MEIDEL	1.00	v		х				0	0	
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MS KARLA LEAVELLE	1.00	×	Х		0	0	0
BOARD CHAIR		Λ.	,				
MR MIKE MEIDEL	1.00	×	x		0	0	0
SECRETARY		^	^			ı	
MR JACK GELLER ESQ	1.00						

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

BOARD MEMBER

MR MARK HUNT

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

MS KAY MCKENZIE

......... **BOARD MEMBER**

MR MICHAEL JALAZO

MR SAMUEL KOLAPO

	any hours	and	l a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MS JODY ARMSTRONG BOARD MEMBER	1.00	х						0	0	0
MS CANDIDA DUFF BOARD MEMBER	1.00	х						0	0	0
MR JAMES ENGLAND	1.00	v						0	0	0

BOARD MEMBER							
MS CANDIDA DUFF	1.00	v			0	0	
BOARD MEMBER		^			0	0	
MR JAMES ENGLAND	1.00	~			0	C	
BOARD MEMBER		^			0	0	
COMMISSIONER PAT GERARD	1.00						

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MR JAMES ENGLAND BOARD MEMBER	1.00	Х			0	0	0
COMMISSIONER PAT GERARD VICE-CHAIR	1.00	Х	x		0	0	0
	1.00						

BOARD MEMBER	••••••	X			0	0	C	
COMMISSIONER PAT GERARD VICE-CHAIR	1.00		х		0	0	C	•
MR BARCLAY HARLESS	1.00				0	0	C	

COMMISSIONER PAT GERARD	1.00	×	X		0	C	0
VICE-CHAIR		,	^			3	
MR BARCLAY HARLESS	1.00	×			0	C	0
CHAIR-ELECT		^				3	
	4 00						

VICE-CHAIR							
MR BARCLAY HARLESS	1.00	×			0	0	0
CHAIR-ELECT		^				0	
MS ANDREA HENNING	1.00	×			0	0	0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MS DEBBIE PASSERINI BOARD MEMBER	1.00	Х						0	0	0
MS REBECCA SARLO BOARD MEMBER	1.00	Х						0	0	0
MS AMY VAN NESS BOARD MEMBER	1.00	Х						0	0	0
MR SCOTT WAGMAN BOARD MEMBER	1.00	Х						0	0	0
MR ZACHARY WHITE	1.00	Х						0	0	0

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BOARD MEMBER
MR SCOTT WAGMAN
BOARD MEMBER
MR ZACHARY WHITE

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

BOARD MEMBER

CHAIR-ELECT

MS JOANNE LENTINO

MR MICHAEL LOGAL

MR KENNETH WILLIAMS

MR GLENN WILLOCKS

MR MANMOHAN BHULLER

.......

and Independent Contractors

and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other

person is both an officer

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from related

compensation

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5,434

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week (list

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MS SHERYL SHEPPARD SECRETARY	1.00	Х		х				0	0	0
MS JENNIFER BRACKNEY CEO	40.00			х				240,727	0	12,036
MR STEVE MEIER CFO	40.00			х				163,125	0	5,963
MR DONALD SHEPHERD PROGRAM DIRECTOR	40.00				х			156,409	0	7,820

40.00

40.00

MS MICHELLE MOELLER

MS APRIL TORREGIANTE

PROGRAM DIRECTOR

PROGRAM DIRECTOR

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493089009011
SCI		ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(Form 990 or 990EZ)				ganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service h e organiza NELLAS INC	tion				Employer identific	
		NELLAS INC					73-1678180	
	rt I		for Public Charity State				See instructions.	
1 ne c	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		•	,			, ,, ,		
2			scribed in section 170(b)(,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-		, ,		ped in section 170
6			tate, or local government or	-				
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: dies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(r '			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. B. '	tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	000 57) 5515

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-FZ) 2019

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(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.").						
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						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	Investment income percentage for 201			line 13 column (f	:))	17	
17 10							
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b 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. 3с

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. 4a 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

4b 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) purposes. 4c 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 5a 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? 5b

5c 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 6

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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

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10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
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?			
		11a		
	A family member of a person described in (a) above?	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		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
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 income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	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	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	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		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide					
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019					
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions if any for years prior to 2019						

7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who 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			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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:			
a From 2014			
b From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) 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:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
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.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 73-1678180

Name: WORKNET PINELLAS INC

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

instructions).

Facts And Circumstances Test

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DLN: 93493089009011

OMB No. 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

▶ 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. 2010

Department of the Treasury Internal Revenue Service

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

2019	
Open to Public	
Inspection	

	me of the organization RKNET PINELLAS INC				Emple	oyer identificat	tion numbe	er
WU	RKNET PINELLAS INC				73-16	78180		
Pa	Organizations Maintaining Donor Advi	sed Funds or Ot	ner Simila	ar Funds or	Acco	unts.		
	Complete if the organization answered "Ye		art IV, IIII advised fun			b) Funds and ot	her account	
1	Total number at end of year	(a) Bollor	advisca idii	43		b) I alias alia oc	ner account	
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					nds are the	☐ Yes [—— □ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for any oth	ner purpose co				¬
Pa	rt II Conservation Easements.						∐ Yes L	<u> No</u>
	Complete if the organization answered "Ye			e 7.				
1	Purpose(s) of conservation easements held by the organ	•	at apply).					
	Preservation of land for public use (e.g., recreation	n or education)	∐ Presei	rvation of an l	nistoric	ally important la	nd area	
	Protection of natural habitat		Prese	rvation of a ce	ertified	historic structur	e	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	n contributi	ion in the forr	n of a c	conservation Held at the E	nd of the Y	ear (
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements				2b			
С	Number of conservation easements on a certified histori	c structure included	in (a)	t	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register				2d			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	ished, or te	rminated by t	ne orga	nization during	the	
4	Number of states where property subject to conservation	n easement is locate	ed ▶					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			on, handling o	f violati	ions, Ye	s 🗆 N	o
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of vio	lations, and	enforcing co	nservat	ion easements o	luring the y	ear
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	s, and enfo	rcing conserv	ation e	asements during	the year	
8	Does each conservation easement reported on line 2(d)	above satisfy the re	auirements	of section 17	0(h)(4)	(B)(i)		
	and section $170(h)(4)(B)(ii)$?				- (-) (-)	☐ Ye	s 🗆 N	0
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga						
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			r Sim	ilar Assets.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, ed	ucation, or	research in fu				ż
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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, historic following amounts required to be reported under SFAS:	cal treasures, or oth	er similar as	sets for finan				
а	Revenue included on Form 990, Part VIII, line 1					▶ \$		
b	Assets included in Form 990, Part X							
or	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat. No. 5	52283D	Schedule D	(Form 99	 0) 201

Sche	edule D (Form 990) 2019							Page 2
Par	t III Organizations Maintaining Co	llections of Art, H	listorio	al Trea	sures, or Oth	ner Similar A	ssets (coi	ntinued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records,	check a	ny of the	following that a	re a significant	use of its c	ollection
а	Public exhibition		d	☐ Lo	an or exchange	programs		
b	☐ Scholarly research		е	□ ot	her			
С	Preservation for future generations							
4	Provide a description of the organization's co Part XIII.	ollections and explain h	now the	y further	the organization	's exempt purp	ose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than t						☐ Yes	□ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization ans X, line 21.		m 990,	Part IV	, line 9, or rep	orted an amo	ount on Foi	rm 990, Part
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	llowina 1	table:			Amount	
c	Beginning balance	·	-		. 1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				1 f			
2a	Did the organization include an amount on F	form 990, Part X, line 2	21, for e	scrow or	custodial accou	nt liability?	. 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planatio	on has be	en provided in P	Part XIII	. 🗆	
Pa	art V Endowment Funds.							
	Complete if the organization ans							\
1 2	Beginning of year balance	(a) Current year 9,382	(b) Pr	ior year 10,06	(c) Two years b	oack (d) Three yo	9,073	e) Four years back 10,097
	Contributions	-9,382		10,00	-	,,031	3,075	
	Net investment earnings, gains, and losses	3,002		12	8	371	618	-272
	Grants or scholarships			71	7			718
	Other expenditures for facilities and programs							
f	Administrative expenses			9	1			34
g	End of year balance			9,38	2 10),062	9,691	9,073
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g	, column	(a)) held as:	•		
а	Board designated or quasi-endowment >							
b	Permanent endowment 🟲							
c	Temporarily restricted endowment >							
	The percentages on lines 2a, 2b, and 2c sho	•						
3а	Are there endowment funds not in the posse organization by:	ession of the organizati	ion that	are held	and administere	ed for the		Yes No
	(i) unrelated organizations						3a(i 3a(i	<u> </u>
b	(ii) related organizations	ons listed as required o	n Sched	ule R?			. 3b	
4	Describe in Part XIII the intended uses of the	e organization's endov	vment fi	unds.				
Pa	rt VI Land, Buildings, and Equipme		_	_		_		
	Complete if the organization ans Description of property (a) Cost or organization (investment)	ther basis (b) Cost		Part IV basis (othe		e Form 990, Pated depreciation		Book value
1 a	Land							
b	Buildings							
c	Leasehold improvements			67,8	59	67,859		0
				211.0	201	16E 200	1	46.604

47,403

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

10,699

36,704

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV/	ina 11k	Saa Form 990 [Dart Y li	no 12
(a) Description of security or category (including name of security)	(b) Book value	line III	(c) Metho Cost or end-of	d of valua	ation:
(1) Financial derivatives					
(3)Other(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related.	<u> </u>				
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, I	ine 110	(b) Book value		ine 13. ethod of valuation:
					end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		<u> </u>			
Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, lii	ne 11d	. See Form 990, Par	t X, line	15. (b) Book value
(1)					(1) 11000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
				•	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, liı	ne 11e	or 11f.See Form	990, Pa	rt X, line 25.
1. (a) Description of liability					(b) Book value
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				I	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnotes.	ote to the o	rganizat	tion's financial state] ments th	at reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check		-			·

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Total revenue, gains, and other support per audited financial statements . .

Page 4

10.218.758

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

1

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 10,218,758 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 1 9,632,999 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a

2b Prior year adjustments 2c C 2d d Other (Describe in Part XIII.) . . .

Add lines 2a through 2d . 2e Subtract line 2e from line 1 3 9,632,999 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 9.632.999

Supplemental Information

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

Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 73-1678180

Name: WORKNET PINELLAS INC

Supplemental Information
Return Reference

Explanation

PART X, LINE 2:

MANAGEMENT HAS EVALUATED ACCOUNTING PRINCIPLES ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAX

ES. MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A T AX-EXEMPT ORGANIZATION AT JUNE 30, 2020. MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANI ZATION HAD NO UNCERTAIN TAX POSITIONS. WORKNET BELIEVES THAT IT HAS NO LIABILITY FOR TAXE S WITH RESPECT TO UNRELATED BUSINESS INCOME. WORKNET FOLLOWS ACCOUNTING STANDARDS CODIFICA

TION TOPIC 740, INCOME TAXES (ASC 740). A COMPONENT OF THIS STANDARD PRESCRIBES A RECOGNIT ION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS STANDARD FOR THE YEAR ENDED JUNE 30, 2020.

Supplemental Information	
Return Reference	Explanation
PART V LINE 4	IN THE 2020 FISCAL YEAR THIS INVESTMENT WAS RETURNED TO THE DONOR WHEN THE SCIENCE CENTER WAS SOLD, BECAUSE THE USE FOR WHICH IT WAS INTENDED WAS NO LONGER APPLICABLE.

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Note: To capture the full	content of this do	ocument, please sel	ect landscape mode	(11" x 8.5") whe	n printing.					
Schedule I (Form 990) Grants and Other Assistance to Organizations,								2019		
Governments and Individuals in the United States										
Department of the Treasury Internal Revenue Service	▶ Go to <u>www.irs.gov/Form990</u> for the latest information.									
Name of the organization							Employer identific	ation number		
WORKNET PINELLAS INC							73-1678180			
Part I General Inform	nation on Grants	and Assistance				'				
Does the organization ma the selection criteria used					for the grants or assistanc	e, and		✓ Yes		
2 Describe in Part IV the org	ganization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.						
		estic Organizations ar can be duplicated if add		nts. Complete if the o	ganization answered "Yes"	on Form	990, Part IV, line	21, for any recipi	ent	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		Description of ash assistance	(h) Purpose of or assistance	grant	
(1) PINELLAS EDUCATION FOUNDATION 12090 STARKEY RD LARGO, FL 33773	59-2688253	501(C)(3)	496,298					FEDERAL GRAN SUBRECIPIENT EMPLOYMENT TRAINING.		
(2) DYNAMIC WORKFORCE SOLUTIONS 237 SOUTH ST WAUKESHA, WI 53186	39-1354364		42,099					FEDERAL GRAN SUBRECIPIENT EMPLOYMENT TRAINING		
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations	listed in the line 1 table .				▶	-	1	
3 Enter total number of other	er organizations listed	d in the line 1 table					•		1	
or Paperwork Reduction Act Noti	ce see the Instruction	ns for Form 990		Cat No. 50055	SP.		Sch	edule I (Form 990) 2019	

(6)

(7)

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

Part IV

Return Reference **Explanation**

THE ORGANIZATION HAS ENGAGED PROFESSIONAL CONTRACTORS TO MONITOR THE ORGANIZATIONS RECEIVING GRANT FUNDS. PART I, LINE 2: Schedule I (Form 990) 2019

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Sch	nedule J	Co	mpensati	on Information	0	MB No.	1545-0	0047
(For	m 990)	For certain Office	hest	20				
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Б			▶ Attach	to Form 990. instructions and the latest inform		Openi		
-	tment of the Treasury al Revenue Service	Go to www.ns.gov	7 <u>/1 0/11/1990</u> 10/	mistractions and the latest miori	iation.		ectio	
	me of the organiza RKNET PINELLAS INC				Employer identifica	tion nu	ımber	
					73-1678180			
Pa	rt I Questi	ons Regarding Compensat	ion				l	
1 a				the following to or for a person listed y relevant information regarding thes			Yes	No
		s or charter travel	to provide an	Housing allowance or residence for p				
		companions		Payments for business use of persor				
	_	nification and gross-up payments	. 🗆	Health or social club dues or initiation				
	Discretion	ary spending account		Personal services (e.g., maid, chauft	feur, chef)			
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2	Did the organiza	ation require substantiation prior	to reimbursing o	or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lin	e 1a? . .			
3	organization's C	EO/Executive Director. Check all	that apply. Do n	d to establish the compensation of th not check any boxes for methods				
	used by a relate	ed organization to establish comp	ensation of the	CEO/Executive Director, but explain in	n Part III.			
	✓ Compens	ation committee	left	Written employment contract				
		ent compensation consultant	⊻	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	•		•	fied retirement plan?		4b		No
С				nsation arrangement? Hicable amounts for each item in Part		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did t	the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga					5b		No
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No
9	If "Yes" on line	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9		INO
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	rm 990. Cat No 5	0053T Schedule	l (Forn	1 9901	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	n of W-2 and/or 1099-MISC	2 compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
. MS JENNIFER BRACKNEY	(i)	231,977	8,750	0	12,036	0	252,763	0
20	(ii)	0	0	0	0	0	0	0
MR STEVE MEIER	(i)	160,000	3,125	0	5,963	0	169,088	0
	(ii)	0	0	0	0	0	0	0
MR DONALD SHEPHERD ROGRAM DIRECTOR	(i)	154,009	2,400	0	7,820	0	164,229	0
ROGICALI DIRECTOR	(ii)	0	0	0	0	0	0	0
	Ш							
	Ш							
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						<u></u>		
						·	'	



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SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047 2019 Open to Public Inspection					
Namel Betherofg WORKNET PINELLA 990 Schedule	AS INC	emental Informati	ion		73-1678180	entification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	1			NDEPENDENT AUDITORS WI EWED BY THE FULL BOARD (

Return Explanation
Reference

FORM 990,	INTERNALLY IT IS THE RESPONSIBILTY OF SENIOR MANAGEMENT TO REVIEW THE AGENDAS AND IDENTIFY
PART VI,	ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO THE BOARD MEETINGS. THE ATTORNEY IS ALSO RESP
SECTION B,	ONSIBLE AND ATTENDS THE MEETINGS OF THE BOARD AS WELL AS MONITORS RELATED PARTY TRANSACTIO
LINE 12C	NS. BOARD MEMBERS DISCLOSE AND SIGN RELATED PARTY INTEREST FORMS ANNUALLY.

Return Explanation

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION OF THE PRESIDENT AND CEO AND THE OTHER EMPLOYEES OF THE ORGANIZATION IS DETER MINED UTILIZING A REVIEW OF SALARY RANGES OF ALL COMPARABLE AGENCIES IN FLORIDA CONDUCTED BY A THIRD PARTY. AN EVALUATION PROCEDURE IS UTILIZED TO DETERMINE THE AMOUNT OF ANY SALAR Y INCREASES. THE ALLOWABLE PERCENTAGES ARE APPROVED BY THE COMPENSATION COMMITTEE, A SUBGROUP OF WHICH PERFORMS THE EVALUATION.

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LINE 19

Return Explanation

Reference	
FORM 990,	COMMUNITY OUTREACH: PROGRAM SERVICE EXPENSES 15,411. MANAGEMENT AND GENERAL EXPENSES 0.
PART IX,	FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,411.

LINE 24E

990 Schedule O, Supplemental Information

Return

Reference	·
PART XII	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE AUDITOR DID NOT CHANGE IN THE YEAR
LINE 2C	ENDED JUNE 30, 2020.

Explanation