

**Purvis, Gray & Company, LLP**  
**443 East College Avenue**  
**Tallahassee, FL 32301**  
**850-224-7144**

May 2, 2019

**CONFIDENTIAL**

CareerSource Florida, Inc.  
PO Box 13179  
Tallahassee, FL 32317

Dear Mr. Collins:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

Please be sure to read the attached Tax Return Engagement Memorandum. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Purvis, Gray & Company, LLP

## TAX RETURN ENGAGEMENT MEMORANDUM

We appreciate the opportunity to serve you and prepare your tax return. This memorandum is to inform you of important matters related to that preparation and remind you of some important responsibilities placed on you as the taxpayer. **Please read this carefully before signing your return.**

Your tax return was prepared using information you provided. We have not audited or independently verified the data you furnished even though we may have asked for further clarification on some of the information, even if we issued an auditors' or accountants' report on your financial statements. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other information that form the basis of income and deductions. This includes documents we returned to you. Such documentation may be necessary to prove the accuracy and completeness of the return to a taxing authority.

Your returns are subject to review by taxing authorities. Any items resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available to represent you, billing you for such services at our standard hourly rates.

Generally, no deduction shall be allowed for any travel or entertainment expense, business gifts, or for the use of "listed property," unless the taxpayer can substantiate the business use or purpose by adequate records or sufficient evidence. For a meal or entertainment deduction, the records must document the amount, time, place and business purpose. The term "listed property" includes property subject to business and personal use, e.g., automobiles, boats, airplanes, portable telephones and home computers. Failure to comply with these requirements can result in the disallowance of the deductions and in the assessment of substantial penalties. Our understanding is that information you provided is supported by records required.

Special documentation requirements apply when deducting certain charitable contributions. Examples of these requirements include (1) certain contributions of \$250 or more must be supported by a written acknowledgement from the charitable organization; (2) a deduction of \$500 or more of a motor vehicle, boat, or airplane requires an attached statement to your return; and (3) certain noncash contributions of \$5,000 or more may require a timely prepared "qualified appraisal" or the deduction will be disallowed. We have not attempted to verify your records regarding charitable contributions, even though we may have asked you for clarification or additional details while preparing the return.

The law provides for a number of penalties which may be assessed by the Internal Revenue Service or other tax authority. A complete list of those penalties is not included herein, but please be advised that a penalty may apply if (1) there is a late payment of tax; (2) there is a failure to timely file the return; or (3) there is a failure to make timely and adequate estimated tax payments. Also, a 20% penalty may be applied if there is (1) negligence or disregard of the rules and regulations; (2) a substantial valuation overstatement; (3) a substantial estate or gift valuation understatement or (4) there is a substantial underpayment of income tax. A substantial underpayment generally is one that exceeds the greater of 10% of the correct tax for the year or \$5,000 (\$10,000 in the case of a "C" corporation).

There is also a penalty for transactions that do not have economic substance. Generally, a transaction has economic substance only if, other than for federal tax purpose or effects, it changes in a meaningful way the taxpayer's economic position and the taxpayer has a substantial purpose for undertaking the transaction. This penalty cannot be waived for reasonable cause and may vary depending on whether the transaction is disclosed adequately in the tax return. Please be sure that you have discussed any such transactions with us prior to filing this return.

**As taxpayer, you have the final responsibility for the tax return. You should carefully review any return before you sign and file such return.** After you review your return, if you find that you did not provide us with all necessary information or there is a possibility that information provided may not be in accordance with the appropriate guidelines, please contact us immediately to discuss such matters before filing the tax return since revisions may be required.

Once again, thank you for the opportunity to be of service.

Purvis, Gray & Company, LLP

## Filing Instructions

CareerSource Florida, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

**Date Due:** May 15, 2019

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Mail: Purvis, Gray & Company, LLP  
Attn: EF Monitor  
443 East College Avenue  
Tallahassee, FL 32301

Fax: 850-224-1762 Attn: EF Monitor

Or scan and e-mail to: [efmonitor-gnv@purvisgray.com](mailto:efmonitor-gnv@purvisgray.com) (Gainesville Office),  
[efmonitor-oca@purvisgray.com](mailto:efmonitor-oca@purvisgray.com) (Ocala Office),  
[efmonitor-sar@purvisgray.com](mailto:efmonitor-sar@purvisgray.com) (Sarasota Office),  
[efmonitor-tal@purvisgray.com](mailto:efmonitor-tal@purvisgray.com) (Tallahassee Office)

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. **DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.** Mailing a paper copy of your return to the IRS will delay the processing of your return.

**We will provide you with a copy of your e-file acceptance form upon request. If you would like a copy, please contact us.**

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 2018

**2017**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**CareerSource Florida, Inc.**

**59-3659026**

Name and title of officer

**Andrew Collins  
COO/CFO**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>14,926,942</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its Designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Purvis, Gray & Company, LLP to enter my PIN 23195 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 05/02/19

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50472080084**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/02/19

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>CareerSource Florida, Inc.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>PO Box 13179</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Tallahassee FL 32317</b></p>	<b>D</b> Employer identification number <p><b>59-3659026</b></p> <b>E</b> Telephone number <p><b>850-692-6887</b></p> <b>G</b> Gross receipts\$ <b>14,926,942</b>
<b>F</b> Name and address of principal officer: <p><b>Michelle Dennard</b> <b>PO Box 13179</b> <b>Tallahassee FL 32317</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>careersourceflorida.com</b>		<b>L</b> Year of formation: <b>2000</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>The Florida Workforce System connects employers with qualified, skilled talent and Floridians with employment and career development opportunities to achieve economic prosperity.</b></p>																																																																
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																																
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 24</b>																																																															
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 24</b>																																																															
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5 33</b>																																																															
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 0</b>																																																															
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>																																																															
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b 0</b>																																																															
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <p align="center"><b>Andrew Collins</b></p> Type or print name and title	Date <p align="center"><b>COO/CFO</b></p>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <p><b>Ryan M. Tucker, CPA</b></p> Preparer's signature Date <p><b>05/02/19</b></p> Check <input type="checkbox"/> if self-employed PTIN <p><b>P00524189</b></p>	Firm's name ▶ <b>Purvis, Gray &amp; Company, LLP</b> Firm's EIN ▶ <b>59-0548468</b> Firm's address ▶ <b>443 East College Avenue</b> <p align="center"><b>Tallahassee, FL 32301</b></p> Phone no. <b>850-224-7144</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**The Florida Workforce System connects employers with qualified, skilled talent and Floridians with employment and career development opportunities to achieve economic prosperity.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **6,261,218** including grants of \$ **6,261,218** ) (Revenue \$ )

**The Quick Response Training Program, funded with state dollars, provides customized training to new value added businesses located in Florida and to existing or expanding businesses that meet the state's economic goals.**

4b (Code: ) (Expenses \$ **1,736,089** including grants of \$ **1,736,089** ) (Revenue \$ )

**The Incumbent worker training program provides grant funds to Florida companies for skills upgrade training of currently employed workers in an effort to keep the company and workers competitive. The program is funded with federal WIOA dollars.**

4c (Code: ) (Expenses \$ **2,343,966** including grants of \$ ) (Revenue \$ )

**Contracts executed by CareerSource Florida, Inc. for services provided by vendors to support state-level initiatives.**

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **▶ 10,341,273**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> 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>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>



**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>24</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>24</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain 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: **Andrew Collins**  
**Tallahassee** **PO Box 13179**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rick Scott	1.00									
Board Member	0.00	X					0	0	0	
(2) Britt Sikes	1.00									
Chairman thru 4/17	0.00	X		X			0	0	0	
(3) Brittany Olivieri Birken	1.00									
Board Member	0.00	X					0	0	0	
(4) Robert Campbell	1.00									
Board Member	0.00	X					0	0	0	
(5) Steve Capehart	1.00									
Board Member	0.00	X					0	0	0	
(6) Timothy Center	1.00									
Board Member	0.00	X					0	0	0	
(7) Rose Conry	1.00									
Board Member	0.00	X					0	0	0	
(8) Bryan Da Frota	1.00									
Board Member	0.00	X					0	0	0	
(9) Duane E. De Freese	1.00									
Board Member	0.00	X					0	0	0	
(10) Kevin Doyle	1.00									
Chairman	0.00	X		X			0	0	0	
(11) Arnie Girnun	1.00									
Board Member	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Elisha Gonzalez</b>	1.00									
Board Member	0.00	X						0	0	0
(13) <b>Elli Hurst</b>	1.00									
Board Member	0.00	X						0	0	0
(14) <b>William Johnson</b>	1.00									
Board Member	0.00	X						0	0	0
(15) <b>Rick Matthews</b>	1.00									
Board Member	0.00	X						0	0	0
(16) <b>Thomas McIntosh</b>	1.00									
Board Member	0.00	X						0	0	0
(17) <b>Bill Montford</b>	1.00									
Board Member	0.00	X						0	0	0
(18) <b>Edwin H. Moore</b>	1.00									
Board Member	0.00	X						0	0	0
(19) <b>W. Alexander Moseley</b>	1.00									
Board Member	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>681,918</b>	<b>57,500</b>	<b>128,838</b>
<b>d Total (add lines 1b and 1c)</b>								<b>681,918</b>	<b>57,500</b>	<b>128,838</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<b>X</b>

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>Moore Communications Group</b> <b>Tallahassee FL 32303</b>	<b>2011 Delta Blvd.</b> <b>Outreach Svcs</b>	<b>1,606,183</b>
<b>Carahsoft Technology Corporation</b> <b>Reston VA 20190</b>	<b>1860 Michael Faraday Drive, Ste. 100</b> <b>Licensing</b>	<b>368,338</b>
<b>Growth Transitions, Inc.</b> <b>Neptune NJ 07753</b>	<b>3535 Route 66, Bldg 4</b> <b>Technical Svcs</b>	<b>287,192</b>
<b>Commercial Design Services, Inc.</b> <b>Tampa FL 33634</b>	<b>5805 Barry Road</b> <b>Interior Design</b>	<b>219,080</b>
<b>Carahsoft Care of World Wide Tech.</b> <b>Saint Louis MO 63043</b>	<b>60 Weldon Parkway</b> <b>Technical Svcs</b>	<b>194,435</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>Bryan Nelson</b>	1.00									
Board Member	0.00	X						0	0	0
(21) <b>Elizabeth Porter</b>	1.00									
Board Member	0.00	X						0	0	0
(22) <b>Cissy Proctor</b>	1.00									
Board Member	0.00	X						0	0	0
(23) <b>Pam Stewart</b>	1.00									
Board Member	0.00	X						0	0	0
(24) <b>Todd Rebol</b>	1.00									
Board Member	0.00	X						0	0	0
(25) <b>Mike Tomas</b>	1.00									
Board Member	0.00	X						0	0	0
(26) <b>Ardian Zika</b>	1.00									
Board Member	0.00	X						0	0	0
(27) <b>James Nolan</b>	1.00									
Board Member	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>Mike Myhre</b>	1.00									
Board Member	0.00	X					0	0	0	
(29) <b>Stan Connally</b>	1.00									
Board Member	0.00	X					0	0	0	
(30) <b>Robert Doyle</b>	1.00									
Board Member	0.00	X					0	0	0	
(31) <b>Tony McGee</b>	1.00									
Board Member	0.00	X					0	0	0	
(32) <b>Camille Lee-Johnson</b>	1.00									
Board Member	0.00	X					0	0	0	
(33) <b>Stephanie Smith</b>	1.00									
Board Member	0.00	X					0	0	0	
(34) <b>Michelle Dennard</b>	40.00									
President/CEO	0.00			X			173,233	0	21,442	
(35) <b>Andrew Collins</b>	40.00									
COO/CFO	40.00			X			41,295	57,500	17,950	
<b>1b Sub-total</b>							<b>214,528</b>	<b>57,500</b>	<b>39,392</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) <b>Andra Cornelius</b> ..... Senior VP	40.00 0.00					X		123,689	0	22,068
(37) <b>Adriane Grant</b> ..... VP External Affairs	40.00 0.00					X		117,831	0	24,528
(38) <b>Aaron Schmerbeck</b> ..... Chief Economist	40.00 0.00					X		115,231	0	28,305
(39) <b>Mary Lazor</b> ..... Strategic Policy VP	40.00 0.00					X		110,639	0	14,545
<b>1b Sub-total</b> .....								<b>467,390</b>		<b>89,446</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	14,875,651				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	30,512				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			14,906,163			
<b>Program Service Revenue</b>	<b>2a</b> .....	Busn. Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		654			654	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		5,325			5,325	
	<b>6a</b> Gross rents	(i) Real	14,800				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	14,800					
	<b>d Net rental income or (loss)</b>		14,800			14,800	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps						
	<b>c</b> Gain or (loss)						
	<b>d Net gain or (loss)</b>						
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c Net income or (loss) from fundraising events</b>							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c Net income or (loss) from gaming activities</b>							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c Net income or (loss) from sales of inventory</b>							
<b>Miscellaneous Revenue</b>	<b>11a</b> .....	Busn. Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
	<b>12 Total revenue.</b> See instructions.			14,926,942	0	0	20,779

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>7,997,307</b>	<b>7,997,307</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>368,741</b>		<b>368,741</b>	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,851,593</b>		<b>1,851,593</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>177,759</b>		<b>177,759</b>	
<b>9</b> Other employee benefits	<b>302,017</b>		<b>302,017</b>	
<b>10</b> Payroll taxes	<b>158,182</b>		<b>158,182</b>	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	<b>12,264</b>		<b>12,264</b>	
<b>c</b> Accounting	<b>259,833</b>		<b>259,833</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>556,454</b>	<b>400,900</b>	<b>155,554</b>	
<b>12</b> Advertising and promotion	<b>1,129,722</b>	<b>1,129,722</b>		
<b>13</b> Office expenses	<b>738,863</b>		<b>738,863</b>	
<b>14</b> Information technology	<b>813,344</b>	<b>813,344</b>		
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>180,006</b>		<b>180,006</b>	
<b>17</b> Travel	<b>153,562</b>		<b>153,562</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>76,954</b>		<b>76,954</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>48,908</b>		<b>48,908</b>	
<b>23</b> Insurance	<b>18,857</b>		<b>18,857</b>	
<b>24</b> 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.)				
<b>a Other Expenses</b>	<b>104,404</b>		<b>104,404</b>	
<b>b Equipment Repairs and Maintenance</b>	<b>2,250</b>		<b>2,250</b>	
<b>c</b>				
<b>d</b>				
<b>e All other expenses</b>				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>14,951,020</b>	<b>10,341,273</b>	<b>4,609,747</b>	<b>0</b>
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	<b>8,461,477</b>	<b>2</b>	<b>17,125,338</b>
	<b>3</b> Pledges and grants receivable, net	<b>2,291,937</b>	<b>3</b>	<b>2,098,279</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>67,227</b>	<b>9</b>	<b>120,019</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>519,915</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>80,345</b>	<b>2,909</b>	<b>10c</b> <b>439,570</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>2,350</b>	<b>15</b>	<b>500</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>10,825,900</b>	<b>16</b>	<b>19,783,706</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>933,838</b>	<b>17</b>	<b>992,370</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>8,615,765</b>	<b>19</b>	<b>17,053,548</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>274,915</b>	<b>25</b>	<b>285,287</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>9,824,518</b>	<b>26</b>	<b>18,331,205</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>1,001,382</b>	<b>27</b>	<b>1,452,501</b>
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>1,001,382</b>	<b>33</b>	<b>1,452,501</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>10,825,900</b>	<b>34</b>	<b>19,783,706</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>14,926,942</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>14,951,020</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-24,078</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,001,382</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>475,197</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,452,501</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</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.	<b>X</b>	

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,719,266	17,149,013	20,921,798	21,272,994	14,906,163	86,969,234
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	12,719,266	17,149,013	20,921,798	21,272,994	14,906,163	86,969,234
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						86,969,234

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	12,719,266	17,149,013	20,921,798	21,272,994	14,906,163	86,969,234
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	196,930	21,244	18,884	20,082	20,779	277,919
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						87,247,153
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.68%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.69%
16a <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?	<b>11a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section 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 instructions).
- a**  The organization satisfied the Activities Test. *Complete line 2 below.*
- b**  The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c**  The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** Activities Test. **Answer (a) and (b) below.**

		Yes	No
<b>a</b>	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? <i>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.</i>	<b>2a</b>	
<b>b</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? <i>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.</i>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6		<b>(iii) Distributable Amount for 2017</b>
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2017:		
<b>a</b>			
<b>b</b>	From 2013		
<b>c</b>	From 2014 .....		
<b>d</b>	From 2015 .....		
<b>e</b>	From 2016 .....		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2017 distributable amount		
<b>i</b>	Carryover from 2012 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2017 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2017 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2013		
<b>b</b>	Excess from 2014 .....		
<b>c</b>	Excess from 2015 .....		
<b>d</b>	Excess from 2016 .....		
<b>e</b>	Excess from 2017 .....		



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b>	<b>Employer identification number</b>
<b>CareerSource Florida, Inc.</b>	<b>59-3659026</b>

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>CareerSource Florida, Inc.</b>	Employer identification number <b>59-3659026</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US Department of Health and Human Se 200 Independence Avenue SW Washington DC 20201	\$ 434,262	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US Dept of Labor 200 Constitution Avenue NW Washington DC 20210	\$ 7,200,274	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	State of Florida Dept of Economic 107 East Madison Street Tallahassee FL 32399-0810	\$ 7,169,823	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

Employer identification number

**CareerSource Florida, Inc.**

**59-3659026**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> related organizations .....	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		17,505	9,055	8,450
<b>d</b> Equipment .....		502,410	71,290	431,120
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				439,570



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Compensated Absences</b>	<b>285,287</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>285,287</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>14,926,942</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>14,926,942</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>14,926,942</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>14,951,020</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>14,951,020</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>14,951,020</b>

**Part XIII Supplemental Information.**

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

**Part X - FIN 48 Footnote**

**Part X Line 2:** CareerSource Florida has reviewed and evaluated the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the financial statements of the organization.



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization: **CareerSource Florida, Inc.** Employer identification number: **59-3659026**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>3T-INNOVATIONS, LLC 905 E. MARTIN LUTHER KING JR. DR., TARPON SPRINGS FL 34689</b>	<b>45-3814075</b>		<b>14,625</b>				<b>Employee Training As</b>
(2)	<b>AAJ COMPUTER SERVICES, INC 6301 NW 5TH WAY, SUITE 1700 FORT LAUDERDALE FL 33325</b>	<b>65-0762524</b>		<b>16,825</b>				<b>Employee Training As</b>
(3)	<b>AB&amp;B MANUFACTURING PO BOX 6456 JACKSONVILLE FL 32236</b>	<b>59-3577788</b>		<b>6,000</b>				<b>Employee Training As</b>
(4)	<b>ACADEMIC TECHNOLOGIES INC 7791 NW 46th STREET, SUITE 313 MIAMI FL 33166</b>	<b>27-0582394</b>		<b>18,000</b>				<b>Employee Training As</b>
(5)	<b>ACCESS COMPUTER TRAINING, LLC 1537 DALE MABRY HWY #101 LUTZ FL 33548</b>	<b>47-1150084</b>		<b>7,000</b>				<b>Employee Training As</b>
(6)	<b>ADVANCED ROOFING, INC. 1950 NW 22nd STREET FORT LAUDERDALE FL 33311</b>	<b>59-2360591</b>		<b>6,785</b>				<b>Employee Training As</b>
(7)	<b>ADVANCED TECHNOLOGY SUPPLY INC. OF O 1001 W Newport Center Dr #111 Deerfield Beach FL 33442</b>	<b>59-2606308</b>		<b>6,994</b>				<b>Employee Training As</b>
(8)	<b>ALPHATEX, CORPORATION 5907 NW 102ND AVENUE DORAL FL 33178</b>	<b>65-0547831</b>		<b>6,142</b>				<b>Employee Training As</b>
(9)	<b>BB INSURANCE MARKETING, INC 10167 W. SUNRISE BLVD, 3rd FLOOR PLANTATION FL 33322</b>	<b>59-3422826</b>		<b>11,985</b>				<b>Employee Training As</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19
- 3 Enter total number of other organizations listed in the line 1 table ▶ 85

**SCHEDULE I  
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(1)	BLUE SPARQ 400 NW 38TH AVE CAPE CORAL FL 33909	26-4623906		14,062				Employee Training As
(2)	BLUE WATER COMPONENTS 704 LEE LAND HEIGHTS BLVD WEST STE B LEHIGH ACRES FL 33936	20-5220944		6,994				Employee Training As
(3)	BROWARD COLLEGE Attn Administrative Center 6400 NW W Fort Lauderdale FL 33309	59-1216107	170 (C)	424,628				Employee Training As
(4)	CENTRAL FLORIDA CUSTOM TRAILERS, 2136 E. 4TH STREET ORLANDO FL 32824	59-3177160		15,719				Employee Training As
(5)	Chipola College 3094 Indian Circle Marianna FL 32446	59-6004084	170 (C)	328,125				Employee Training As
(6)	CME ARMA INC 4500 NW 36TH AVENUE MIAMI FL 33142	65-0298026		19,125				Employee Training As
(7)	CONSOLIDATED LABEL COMPANY 2001 EAST LAKE MARY BLVD. SANFORD FL 32773	59-2470615		14,987				Employee Training As
(8)	CONTEC DTX, INC. 1800 PENN STREET, SUITE 1 MELBOURNE FL 32901	35-2191025		7,500				Employee Training As
(9)	CUSTOM METAL DESIGNS, INC. PO BOX 783037 WINTER GARDEN FL 34778	59-1410239		17,477				Employee Training As

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(1)	Daytona State College P.O. Box 2811 Daytona Beach FL 32120	59-1211226	170 (C)	230,790				Employee Training As
(2)	DBA ELECTRONIC PRECEPTS 11651 87TH STREET N LARGO FL 33773	27-2213859		7,676				Employee Training As
(3)	DGMORRISON, INC. 13209 BYRD DRIVE ODESSA FL 33556	59-3621068		13,500				Employee Training As
(4)	DIGITEC INTERACTIVE LLC 6000 METROWEST BLVD ORLANDO FL 32835	20-4336546		5,194				Employee Training As
(5)	DIRECT COMPONENTS, INC. 4828 WEST GANDY BLVD TAMPA FL 33611	59-3520165		21,968				Employee Training As
(6)	Drew Brothers First Autobody 6104 N. Florida Ave. Tampa FL 33604	11-3680928		8,830				Employee Training As
(7)	E R Precision Optical 805 W. Central Blvd Orlando FL 32805	59-3106504		23,100				Employee Training As
(8)	EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD COCOA FL 32922	59-0920875	170 (C)	435,225				Employee Training As
(9)	EES DESIGN LLC 2801 NW 55th COURT #6 W FORT LAUDERDALE FL 33309	35-2430723		5,700				Employee Training As

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(1)	FATH, INC 6533 HAZELTINE NATIONAL DRIVE SUITE ORLANDO FL 32822	76-0746190		11,310				Employee Training As
(2)	FLOMET, LLC 810 FLIGHTLINE BLVD DELAND FL 32724	59-3534503		12,360				Employee Training As
(3)	FLORIDA PANHANDLE TECHNICAL COLLEGE 757 HOYT STREET CHIPLEY FL 32428	59-6000898	170 (C)	113,400				Employee Training As
(4)	FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY SW, K-240 FORT MEYERS FL 33919	59-1211051	170 (C)	1,819,447				Employee Training As
(5)	Florida State College at Jacksonville 501 West State Street Jacksonville FL 32202	59-1149317	170 (C)	352,170				Employee Training As
(6)	GERMFREE LABORATORIES INCORPORATED 4 SUNSHINE BLVD ORMOND BEACH FL 32174	59-0994226		8,900				Employee Training As
(7)	GRACE PROSTHETIC FABRICATION INC. 7928 RUTILLIO COURT NEW PORT RICHEY FL 34653	59-2991443		28,000				Employee Training As
(8)	HEALTH BUSINESS SOLUTIONS 10620 GRIFFIN ROAD STE 200 COOPER CITY FL 33328	36-4505903		20,036				Employee Training As
(9)	HIALEAH METAL SPINNING 8155 W 20TH AVE HIALEAH FL 33014	59-1309679		19,181				Employee Training As

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(1)	<b>HOFFER PEST SOLUTIONS, INC. 12329 NW 35 ST CORAL SPRINGS FL 33065</b>	<b>46-4025686</b>		<b>7,500</b>				<b>Employee Training As</b>
(2)	<b>HOOVER PUMPING SYSTEMS 2801 N POWERLINE ROAD POMPANO BEACH FL 33069</b>	<b>59-2498106</b>		<b>12,075</b>				<b>Employee Training As</b>
(3)	<b>IM SOLUTIONS, INC 2801 S. HARBOR CITY BLVD MELBOURNE FL 32901</b>	<b>35-2190575</b>		<b>9,477</b>				<b>Employee Training As</b>
(4)	<b>IMMUNOSITE TECHNOLOGIES, LLC 2831 CORPORATE WAY MIRAMAR FL 33025</b>	<b>27-0806703</b>		<b>5,100</b>				<b>Employee Training As</b>
(5)	<b>Intech, Inc. 375 East Drive Melbourne FL 32904</b>	<b>59-3297439</b>		<b>13,125</b>				<b>Employee Training As</b>
(6)	<b>INTEGRATED DESIGN &amp; DEVELOPMENT 410 W. 4th ST SANFORD FL 32771</b>	<b>20-2496151</b>		<b>5,288</b>				<b>Employee Training As</b>
(7)	<b>J.T.D. ENTERPRISES, INC. 4446 PET LANE, SUITE 103 LUTZ FL 33559</b>	<b>38-2277043</b>		<b>18,000</b>				<b>Employee Training As</b>
(8)	<b>Kimball Electronics Tampa 13750 Reptron Blvd. Tampa FL 33626</b>	<b>38-2081116</b>		<b>6,475</b>				<b>Employee Training As</b>
(9)	<b>Kira Labs 3400 GATEWAY DRIVE, SUITE 100 Pompano Beach FL 33069</b>	<b>20-0018289</b>		<b>10,200</b>				<b>Employee Training As</b>

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1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LAMAR AERO 6694 COLUMBIA PARK DR SOUTH JACKSONVILLE FL 32258	80-0429934		5,523				Employee Training As
(2)	LARM USA, INC. 3440 HOLLYWOOD BLVD #480 HOLLYWOOD FL 33021	20-0408103		12,300				Employee Training As
(3)	LONDON BAY GROUP 2210 VANDERBILT BEACH ROAD NAPLES FL 34109	65-0220821		8,080				Employee Training As
(4)	Marion County Public Schools 1014 SW 7th Road Ocala FL 34474	59-6000734	170 (C)	52,500				Employee Training As
(5)	MAXIFORCE, INC 10900 NW 30th STREET DORAL FL 33172	65-0468481		22,815				Employee Training As
(6)	MEDICAL EQUIPMENT TECHNOLOGY, INC 62172 NW RESERVE PARK TRACE PORT SAINT LUCIE FL 34986	65-1048766		21,000				Employee Training As
(7)	MEDIMAR CORPORATION 2750 SW 145TH AVE MIRAMAR FL 33027	65-0743439		5,228				Employee Training As
(8)	MIAMI DADE COLLEGE 627 SW 27TH AVENUE, ROOM 3116 MIAMI FL 33135	59-1210485	170 (C)	27,300				Employee Training As
(9)	MIKROS SYSTEMS CORPORATION 8076 114TH AVE LARGO FL 33773	14-1598200		9,043				Employee Training As

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(1)	MOTION CONTROL SERVICES 1427 CHAFFEE DRIVE STE 5 TITUSVILLE FL 32780	20-2346547		7,248				Employee Training As
(2)	MRO AEROSPACE INC. 10530 72ND STREET LARGO FL 33777	59-3701355		15,000				Employee Training As
(3)	NORTHROP GRUMMAN SYSTEMS CORPORATIO 2000 W. NASA BLVD MELBOURNE FL 32904	95-1055798		200,000				Employee Training As
(4)	ONE STOP COOLING AND HEATING TAMPA, 12814 DUPONT CIRCLE TAMPA FL 33626	45-4862818		131,801				Employee Training As
(5)	One Stop Cooling and Heating Thermo 7225 Sandscove Court, Suite 1 Winter Park FL 32792	46-1877883		25,872				Employee Training As
(6)	ONE STOP COOLING AND HEATING, LLC 7225 Sandscove Court, Suite 1 WINTER PARK FL 32792	45-4094619		159,579				Employee Training As
(7)	ONE STOP ENTERPRISE FLORIDA, LLC 7225 Sandscove Court, Suite 1 WINTER PARK FL 32792	81-4832268		84,574				Employee Training As
(8)	OREN INTERNATIONAL 675 S. PACE BLVD PENSACOLA FL 32502	59-3360747		14,544				Employee Training As
(9)	OWENS CORNING INSULATING SYSTEMS, L 2222 West Bella Vista St LAKELAND FL 33810	43-2109021		8,748				Employee Training As

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(1)	<b>PALM BEACH STATE COLLEGE</b> 4200 CONGRESS AVENUE - MS#12 LAKE WORTH FL 33461	59-1216000	170 (C)	262,132				Employee Training As
(2)	<b>PARAGON PLASTICS</b> 1401 ARMSTRONG DRIVE TITUSVILLE FL 32780	59-3518479		5,063				Employee Training As
(3)	<b>PASCO-HERNANDO STATE COLLEGE</b> 10230 RIDGE ROAD NEW PORT RICHEY FL 34654	59-1385831	170 (C)	63,000				Employee Training As
(4)	<b>Pensacola State College</b> 1000 College Boulevard Pensacola FL 32504	59-1207555	170 (C)	27,300				Employee Training As
(5)	<b>Polk State College</b> 999 Avenue H, NE Winter Haven FL 33881	59-1209033	170 (C)	9,450				Employee Training As
(6)	<b>PRAESTO ENTERPRISES, LLC</b> 2525 INDUSTRIAL BLVD ORLANDO FL 32804	26-3013412		11,138				Employee Training As
(7)	<b>PROACTIVE COMPONENTS, INC.</b> 4400 - 118TH AVE N, SUITE 300 CLEARWATER FL 33762	59-3510678		5,250				Employee Training As
(8)	<b>QUANTUMFLO, INC.</b> 210 SPRINGVIEW COMMERCE DR., BLDG 1 DEBARY FL 32713	20-8514929		5,250				Employee Training As
(9)	<b>REGAL MARINE INDUSTRIES, INC.</b> 2300 JETPORT DRIVE ORLANDO FL 32809	59-1273173		19,402				Employee Training As

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	REGIONAL AIRLINE SUPPORT GROUP LLC 3550 NW 126TH AVE CORAL SPRINGS FL 33065	65-0961803		10,958				Employee Training As
(2)	RELIANT ENGINEERED PRODUCTS, INC. 2604 POWERS AVENUE SUITE 5 JACKSONVILLE FL 32207	47-2747300		12,499				Employee Training As
(3)	REXALL SUNDOWN 1111 SW 30TH AVENUE DEERFIELD BEACH FL 33442	59-1688986		10,600				Employee Training As
(4)	RTI SURGICAL, INC. 11621 RESEARCH CIRCLE ALACHUA FL 32615	59-3466543		16,750				Employee Training As
(5)	S.O.S. FOOD LAB, INC. 9399 NW 13TH STREET DORAL FL 33172	22-2583901		12,555				Employee Training As
(6)	Santa Fe College N.W. 83rd Street Gainesville FL 32606	59-1207627	170 (C	42,630				Employee Training As
(7)	Seminole State College 100 Weldon Blvd. Sanford FL 32773-6199	59-1210158	170 (C	429,240				Employee Training As
(8)	SENSIBLE MICRO CORPORATION 13520 PRESTIGE PLACE TAMPA FL 33635	20-2650363		5,625				Employee Training As
(9)	SIE CONNECT, INC. 3149 SKYWAY CIRCLE MELBOURNE FL 32934	59-3578735		5,625				Employee Training As

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SIO CNC MACHINING, INC 14241 60th STREET NORTH CLEARWATER FL 33760	45-2638834		5,625				Employee Training As
(2)	SNOWBIRD ENVIRONMENTAL SYSTEMS CORP 4874 VICTOR STREET JACKSONVILLE FL 32207	59-3129276		6,435				Employee Training As
(3)	SOFLO MACHINING CORP 3771 NW 126TH AVENUE CORAL SPRINGS FL 33065	45-1483837		15,000				Employee Training As
(4)	SOULE COMPANY 3422 PET LANE LUTZ FL 33559	59-0781654		5,625				Employee Training As
(5)	SPACE COAST INTELLIGENT SOLUTIONS, 3040 VENTURE LANE SUITE 104 MELBOURNE FL 32934	30-0537746		6,000				Employee Training As
(6)	SPURS MARINE MANUFACTURING, INC. 201 SW 33RD STREET FORT LAUDERDALE FL 33315	59-2323786		5,850				Employee Training As
(7)	St. Petersburg College/EPI Center P. O. Box 13489 CLEARWATER FL 33733-3489	59-1211489	170 (C	559,335				Employee Training As
(8)	STEIN MART INC. 1200 RIVERPLACE BLVD JACKSONVILLE FL 32207	64-0466198		26,688				Employee Training As
(9)	SUNDANCE GRAPHICS LLC 9564 DELEGATES DRIVE ORLANDO FL 32837	20-8668054		30,113				Employee Training As

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization: **CareerSource Florida, Inc.** Employer identification number: **59-3659026**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	<b>SURFACELOGIX 1880 NW 18th STREET POMPANO BEACH FL 33069</b>	<b>03-0612900</b>		<b>22,500</b>				<b>Employee Training As</b>
(2)	<b>THE BARE BOARD GROUP, INC. 8565B SOMERSET DRIVE LARGO FL 33773</b>	<b>41-2040362</b>		<b>6,205</b>				<b>Employee Training As</b>
(3)	<b>THE FLORIDA KNIFE COMPANY INC. 1735 APEX RD SARASOTA FL 32751</b>	<b>34-1251184</b>		<b>14,625</b>				<b>Employee Training As</b>
(4)	<b>THE LUNZ GROUP INC. 58 LAKE MORTON DRIVE LAKELAND FL 33801</b>	<b>59-2853955</b>		<b>17,455</b>				<b>Employee Training As</b>
(5)	<b>The School Board of Hillsborough Co 5410 N 20th Street Tampa FL 33610</b>	<b>59-6000660</b>	<b>170 (C</b>	<b>823,935</b>				<b>Employee Training As</b>
(6)	<b>TRINITY SERVICES GROUP, INC. 477 COMMERCE BLVD OLDSMAR FL 34677</b>	<b>59-3026703</b>		<b>8,714</b>				<b>Employee Training As</b>
(7)	<b>TRI-TRONICS 7705 CHERI COURT TAMPA FL 33634</b>	<b>36-2478786</b>		<b>12,183</b>				<b>Employee Training As</b>
(8)	<b>TWINSTAR OPTICS &amp; COATINGS INC. 6741 COMMERCE AVENUE PORT RICHEY FL 34668</b>	<b>59-3401532</b>		<b>14,588</b>				<b>Employee Training As</b>
(9)	<b>ULTRA-TECH ENTERPRISES, INC 4701 TAYLOR ROAD PUNTA GORDA FL 33950</b>	<b>65-0292906</b>		<b>18,000</b>				<b>Employee Training As</b>

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSAL ENVIRONMENTAL SOLUTIONS, 1800 GRANT STREET TAMPA FL 33605	45-4065911		5,015				Employee Training As
(2)	UNIVERSITY OF NORTH FLORIDA-CONTINU 12000 ALUMNI DRIVE JACKSONVILLE FL 32224	59-2976169	170 (C)	244,965				Employee Training As
(3)	Valencia College P.O. Box 3028 Orlando FL 32802	59-1216316	170 (C)	73,500				Employee Training As
(4)	WERSHOW AND SCHNEIDER, PA 204 SE FIRST ST GAINESVILLE FL 32601	59-2546569		25,917				Employee Training As
(5)	WWD USA GROUP LLC 11870 W. STATE RD 84, SUITE C-10 DAVIE FL 33325	74-3028695		6,270				Employee Training As
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶





<b>SCHEDULE I</b> <b>(Form 990)</b>	<b>Supplemental Information</b>		<b>2017</b>
	For calendar year 2017, or tax year beginning <b>07/01/17</b> , and ending <b>06/30/18</b>		Employer identification number <b>59-3659026</b>
Name of the organization <b>CareerSource Florida, Inc.</b>			

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

See Schedule I Supplemental Information Worksheet

Part IV - Additional Information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds a recipient of federal funds, CareerSource Florida is required to have a monitoring plan in place in accordance with OMB Circulars and grant terms and conditions. This Plan is shared with the granting agency upon request. CareerSource monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. This may be accomplished using a mix of several different monitoring tools including periodic reports, site visits to selected grantees, and adherence to policies and procedures outlined in our monitoring plan which is updated annually and includes In-house monitoring desk review activities.

Part IV - Additional Information

The Quick Response Training (QRT) program utilizes State Educational Entities to help administer the program. The State Educational Entities review reimbursement requests from the participating organizations and directly reimburses these organizations. A reimbursement request is submitted from the State Educational Entities to CareerSource who passes the grant funds down to the State Educational Entities. CareerSource reports State Educational Entities as the recipients for grant funds on Schedule I since they are directly receiving the grant funds from



**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                             | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....    | <b>4c</b> | <b>X</b> |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> The organization? .....         | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>5b</b> | <b>X</b> |
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |          |
|--|-----------|----------|
| <b>a</b> The organization? .....         | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? ..... | <b>6b</b> | <b>X</b> |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

**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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michelle Dennard 1 President/CEO	(i)	138,459	12,731	22,043	20,061	1,381	194,675	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

**CareerSource Florida, Inc.****59-3659026****Form 990 - Additional Information****Form 990, Schedule R**

The instructions for Schedule R require reporting of any related organizations whose board of directors is also appointed by the Governor of the State of Florida. Due to common control, these organizations would be considered related to CareerSource Florida in a brother/sister relationship. There are over 105 organizations whose board is appointed by the Governor of the State of Florida. CareerSource has not performed an exhaustive search of all of the potential related entities that may be required to be reported on Schedule R.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Each board member was provided a copy of the final form 990 prior to filing the return. The Chief Financial Officer and Finance Director/Controller review the 990 prior to filing.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Board staff who administer the awarding of grant or contract funds must identify any potential conflict of interest with any board member prior to the issuance of any award. If it is determined that there may be any potential conflict with a board member, the president and general counsel are advised and their assistance is sought to insure appropriate disclosure before the full board takes any action. Under the current policy, a board member that has a conflict of interest is not allowed to vote on any action that would benefit them or their organizations.

Name of the organization

Employer identification number

**CareerSource Florida, Inc.****59-3659026**

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The CEO selection process and salary offer was coordinated by an independent firm contracted by CareerSource Florida (HR Expertise) who reported directly to the board chair and the selection committee. In this process, comparable data was brought forward and disclosed prior to the establishment of a salary. The selection process was open to the public and several individuals did attend.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The selection of other key members of the organization is assigned to the CEO. Key positions are advertised in several venues, including employflorida.com, newspapers, and posted on the CSF internet and intranet. The determination of salary levels is based upon the responsibilities assigned to such individuals and upon the review and analysis of comparable salaries offered by other similar organizations and workforce partner organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Florida statutes which created CareerSource Florida requires that we operate in compliance with Chapter 119 Florida Statutes relating to public records and chapter 286 relating to public meetings. Consequently, any records of the organization are public records and may be requested by the public. Likewise, all meetings of the board, councils, committees and other identified board meetings are open to the public. Formal minutes are taken for all meetings of the board and the executive committee.

Name of the organization

Employer identification number

CareerSource Florida, Inc.

59-3659026

Form 990, Part X - Additional Information

To be consistent with the reporting on the Financial Statements, Compensated Absences will be reported on Part X, Line 25 as an other liability.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Capital Outlay	\$	485,569
Change in Compensated Absences	\$	-10,372
<b>Total</b>	<b>\$</b>	<b>475,197</b>



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

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▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CareerSource Florida, Inc.**

Employer identification number

**59-3659026**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>FL Dept. of Economic Opportunity 107 East Madison Street Tallahassee FL 32399-4120</b>		<b>FL</b>			<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	FL Dept. of Economic Opportunity	o	33,772	Cost
(2)	FL Dept. of Economic Opportunity	c	7,169,823	Cost
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



## **NOTICE**

The various schedules and worksheets that follow this page are not required by the Internal Revenue Service. These pages are for your information only.

Form **990****Two Year Comparison Report****2016 & 2017**For calendar year 2017, or tax year beginning **07/01/17**, ending **06/30/18**

Name

Taxpayer Identification Number

**CareerSource Florida, Inc.****59-3659026**

		2016	2017	Differences	
<b>Revenue</b>	1. Contributions, gifts, grants .....	1.	<b>30,512</b>	<b>30,512</b>	
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.	<b>14,875,651</b>	<b>14,875,651</b>	
	4. Program service revenue .....	4.			
	5. Investment income .....	5.	<b>654</b>	<b>654</b>	
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.			
	8. Net income or (loss) from fundraising events .....	8.			
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.	<b>20,125</b>	<b>20,125</b>	
	<b>12. Total revenue.</b> Add lines 1 through 11 .....	<b>12.</b>	<b>14,926,942</b>	<b>14,926,942</b>	
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.	<b>7,997,307</b>	<b>7,997,307</b>	
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.	<b>368,741</b>	<b>368,741</b>	
	16. Salaries, other compensation, and employee benefits .....	16.	<b>2,489,551</b>	<b>2,489,551</b>	
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.	<b>828,551</b>	<b>828,551</b>	
	19. Occupancy, rent, utilities, and maintenance .....	19.	<b>180,006</b>	<b>180,006</b>	
	20. Depreciation and Depletion .....	20.	<b>48,908</b>	<b>48,908</b>	
	21. Other expenses .....	21.	<b>3,037,956</b>	<b>3,037,956</b>	
	<b>22. Total expenses.</b> Add lines 13 through 21 .....	<b>22.</b>	<b>14,951,020</b>	<b>14,951,020</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12 .....	<b>23.</b>	<b>-24,078</b>	<b>-24,078</b>	
<b>Other Information</b>	24. Total exempt revenue .....	24.	<b>14,926,942</b>	<b>14,926,942</b>	
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	<b>20,779</b>	<b>20,779</b>	
	27. Total assets .....	27.	<b>19,783,706</b>	<b>19,783,706</b>	
	28. Total liabilities .....	28.	<b>18,331,205</b>	<b>18,331,205</b>	
	29. Retained earnings .....	29.	<b>934,921</b>	<b>1,452,501</b>	<b>517,580</b>
	30. Number of voting members of governing body .....	30.	<b>24</b>		
	31. Number of independent voting members of governing body .....	31.	<b>24</b>		
	32. Number of employees .....	32.	<b>33</b>		
	33. Number of volunteers .....	33.			

Form <b>990</b>	<b>Tax Return History</b>	<b>2017</b>
Name <b>CareerSource Florida, Inc.</b>		Employer Identification Number <b>59-3659026</b>

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....	12,719,266	17,149,013	20,921,798		14,906,163	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....	180	361	530		654	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....	196,750	20,883	18,354		20,125	
<b>Total revenue</b> .....	<b>12,916,196</b>	<b>17,170,257</b>	<b>20,940,682</b>		<b>14,926,942</b>	
Grants and similar amounts paid .....	9,539,804		14,690,416		7,997,307	
Benefits paid to or for members .....						
Compensation of officers, etc. ....	460,110		603,256		368,741	
Other compensation .....	1,956,520	114,164	2,802,940		2,489,551	
Professional fees .....	213,916	210,189	647,895		828,551	
Occupancy costs .....	184,022	204,768	210,545		180,006	
Depreciation and depletion .....	3,313		2,909		48,908	
Other expenses .....	436,837	453,628	1,941,047		3,037,956	
<b>Total expenses</b> .....	<b>12,794,522</b>	<b>982,749</b>	<b>20,899,008</b>		<b>14,951,020</b>	
<b>Excess or (Deficit)</b> .....	<b>121,674</b>	<b>16,187,508</b>	<b>41,674</b>		<b>-24,078</b>	
<b>Total exempt revenue</b> .....	<b>12,916,196</b>	<b>17,170,257</b>	<b>20,940,682</b>		<b>14,926,942</b>	
Total unrelated revenue .....						
Total excludable revenue .....	196,930	21,244	18,884		20,779	
Total Assets .....	18,522,530	13,450,891	13,021,054		19,783,706	
Total Liabilities .....	17,652,312	12,566,370	12,086,133		18,331,205	
Net Fund Balances .....	870,218	17,057,726	934,921	934,921	1,452,501	



Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>CareerSource Florida, Inc.</b>	Employer Identification Number <b>59-3659026</b>
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2017</b>
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Name <b>CareerSource Florida, Inc.</b>	Employer Identification Number <b>59-3659026</b>
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	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....	1,000					
Income after expense and deductions .....	-1,000					
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

# Federal Statements

## Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>654</u>		14			
Total	\$ <u><u>654</u></u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Payroll Processing Fees	\$ 6,077	\$	\$ 6,077	\$
Administrative Contracts - HR	149,477		149,477	
Program Service Costs	400,900	400,900		
Total	<u>\$ 556,454</u>	<u>\$ 400,900</u>	<u>\$ 155,554</u>	<u>\$ 0</u>