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 (Gainesville Office),
efmonitor-oca@purvisgray.com (Ocala Office),
efmonitor-sar@purvisgray.com (Sarasota Office),
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

For calendar year 2017, or fiscal year beginning __________________ and ending __________________.  
Go to www.irs.gov/Form8879EO for the latest information.

Do not send to the IRS. Keep for your records.

Name of exempt organization: CareerSource Florida, Inc.  
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.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
<td>14,926,942</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Total revenue, if any (Form 990-EZ, line 9)</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Total tax (Form 1120-POL, line 22)</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Balance Due (Form 8868, line 3c)</td>
<td></td>
</tr>
</tbody>
</table>

**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 the applicable line below.

- Check the box for the return for which you are using this Form 8879-EO.
- Enter the applicable amount, if any, from the return.
- 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.

**Officer’s PIN: check one box only**

- X I authorize Purvis, Gray & Company, LLP to enter my PIN 23195 as my signature.
- Enter five numbers, but do not enter all zeros.
- 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 also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

**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.

- Enter the EFIN/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

**EROS 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.
## Part I Summary

1. Briefly describe the organization's mission or most significant activities:

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

2. Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

   3 24

4. Number of independent voting members of the governing body (Part VI, line 1b)

   4 24

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

   5 33

6. Total number of volunteers (estimate if necessary)

   6 0

7a. Total unrelated business revenue from Part VIII, column (C), line 12

   7a. 0

7b. Net unrelated business taxable income from Form 990-T, line 34

   7b. 0

## Revenue

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>21,272,994</td>
<td>14,906,163</td>
</tr>
<tr>
<td>10</td>
<td>Investment income (Part VIII, column A, lines 3, 4, and 7d)</td>
<td>630</td>
<td>654</td>
</tr>
<tr>
<td>11</td>
<td>Other revenue (Part VIII, column A, lines 5, 6, 8c, 9, 10c, and 11e)</td>
<td>19,453</td>
<td>20,125</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue – add lines 8 through 11 (must equal Part VIII, column A, line 12)</td>
<td>21,293,077</td>
<td>14,926,942</td>
</tr>
<tr>
<td>13</td>
<td>Grants and similar amounts paid (Part IX, column A, lines 1–3)</td>
<td>14,706,914</td>
<td>7,997,307</td>
</tr>
<tr>
<td>14</td>
<td>Benefits paid to or for members (Part IX, column A, line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Salaries, other compensation, employee benefits (Part IX, column A, lines 5–10)</td>
<td>2,833,833</td>
<td>2,858,292</td>
</tr>
<tr>
<td>16a</td>
<td>Professional fundraising fees (Part IX, column A, line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Total fundraising expenses (Part IX, column D, line 25)</td>
<td>3,685,869</td>
<td>4,095,421</td>
</tr>
<tr>
<td>18</td>
<td>Total expenses. Add lines 13–17 (must equal Part IX, column A, line 25)</td>
<td>21,226,616</td>
<td>14,951,020</td>
</tr>
<tr>
<td>19</td>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>66,461</td>
<td>-24,078</td>
</tr>
</tbody>
</table>

## Expenses

## Net Assets of Expenditure Balances

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Total assets (Part X, line 16)</td>
<td>10,825,900</td>
<td>19,783,706</td>
</tr>
<tr>
<td>21</td>
<td>Total liabilities (Part X, line 26)</td>
<td>9,824,518</td>
<td>18,331,205</td>
</tr>
<tr>
<td>22</td>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>1,001,382</td>
<td>1,452,501</td>
</tr>
</tbody>
</table>

## 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.

**Signature Block**

**Signature of officer**

Andrew Collins

COO/CFO

**Date**

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's EIN

Preparer's signature

Date

Check if self-employed

PTIN

**Firm's name**

Purvis, Gray & Company, LLP

**Firm's address**

443 East College Avenue

Tallahassee, FL 32301

**Phone no.**

850–224–7144

**May the IRS discuss this return with the preparer shown above? (see instructions)**

Yes [X] 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4. <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If “Yes,” complete Schedule C, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If “Yes,” complete Schedule D, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If “Yes,” complete Schedule D, Part V</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If “Yes,&quot; complete Schedule D, Part VII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part IX</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If “Yes,” complete Schedule D, Part X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If “Yes,” complete Schedule F, Parts I and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>16. 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? If “Yes,” complete Schedule F, Parts III and IV</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I (see instructions)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If “Yes,” complete Schedule G, Part III</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H

b If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?  

21 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? If “Yes,” complete Schedule I, Parts I and II

22 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? If “Yes,” complete Schedule I, Parts I and III

23 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? If “Yes,” complete Schedule J

24a 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? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ?

If “Yes,” complete Schedule L, Part I

26 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? If “Yes,” complete Schedule L, Part II

27 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? If “Yes,” complete Schedule L, Part III

28a 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):

A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV

c 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? If “Yes,” complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)? If “Yes,” complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.
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.

1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.
   Yes No
   1a  8

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

c. Did the organization comply with backup withholding rules for reportable payments to vendors and
   reportable gaming (gambling) winnings to prize winners?
   1c

2a. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).
   2a  33
   2b X

3a. If “Yes,” has it filed a Form 990-T for this year? If “No” to line 3b, provide an explanation in Schedule O.
   3a X

3b. If “Yes,” did the organization have unrelated business gross income of $1,000 or more during the year?
   3b

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority
   over, a financial account in a foreign country (such as a bank account, securities account, or other financial
   account)?
   4a X

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).
   4b

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
   5a X

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
   5b X

c. If “Yes” to line 5a or 5b, did the organization file Form 8886-T?
   5c

6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the
   organization solicit any contributions that were not tax deductible as charitable contributions?
   6a X

b. If “Yes,” did the organization include with every solicitation an express statement that such contributions or
   gifts were not tax deductible?
   6b

7. Organizations that may receive deductible contributions under section 170(c).

a. Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods
   and services provided to the payor?
   7a X

b. If “Yes,” did the organization notify the donor of the value of the goods or services provided?
   7b

c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was
   required to file Form 8282?
   7c X

d. If “Yes,” indicate the number of Forms 8282 filed during the year.
   7d

e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
   7e X

f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
   7f X

g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
   7g X

h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
   7h X

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the
   sponsoring organization have excess business holdings at any time during the year?
   8

9. Sponsoring organizations maintaining donor advised funds.

a. Did the sponsoring organization make any taxable distributions under section 4966?
   9a

b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
   9b

10. Section 501(c)(7) organizations. Enter:

   a. Initial fees and capital contributions included on Part VIII, line 12
   10a

   b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
   10b

11. Section 501(c)(12) organizations. Enter:

   a. Gross income from members or shareholders
   11a

   b. Gross income from other sources (Do not net amounts due or paid to other sources
   against amounts due or received from them.)
   11b

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
   12a

b. If “Yes,” enter the amount of tax-exempt interest received or accrued during the year.
   12b

13. Section 501(c)(29) qualified nonprofit health insurance issuers.

   a. Is the organization licensed to issue qualified health plans in more than one state?
   Note. See the instructions for additional information the organization must report on Schedule O.
   13a

   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
   13b

   c. Enter the amount of reserves on hand
   13c

14a. Did the organization receive any payments for indoor tanning services during the tax year?
   14a X

b. If “Yes,” has it filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.
   14b
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.
   If there are material differences in voting rights among members of the governing body, or
   if the governing body delegated broad authority to an executive committee or similar
   committee, explain in Schedule O.
   
   Yes No
   24

1b Enter the number of voting members included in line 1a, above, who are independent

   Yes No
   2

2 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?
   
   Yes No
   X

3 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?
   
   Yes No
   X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
   
   Yes No
   X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?
   
   Yes No
   X

6 Did the organization have members or stockholders?
   
   Yes No
   X

7a 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?
   
   Yes No
   X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members,
   stockholders, or persons other than the governing body?
   
   Yes No
   X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body?
   b Each committee with authority to act on behalf of the governing body?
   
   Yes No
   X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at
   the organization's mailing address? If "Yes," provide the names and addresses in Schedule O
   
   Yes No
   X

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

10a Did the organization have local chapters, branches, or affiliates?
   b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,
     branches, and affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
   
   Yes No
   X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   
   Yes No
   X

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
   
   Yes No
   X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"
     describe in Schedule O how this was done
   
   Yes No
   X

13 Did the organization have a written whistleblower policy?
   
   Yes No
   X

14 Did the organization have a written document retention and destruction policy?
   
   Yes No
   X

15 Did the process for determining compensation of the following persons include a review and approval by
   independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization's CEO, Executive Director, or top management official
   b Other officers or key employees of the organization
   
   Yes No
   X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement
   with a taxable entity during the year?
   
   Yes No
   X

16b 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?
   
   Yes No
   X

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 □ X 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  PO Box 13179
   Tallahassee FL 32317 850-692-6887

DAA
### Part VII: Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Rick Scott</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Britt Sikes</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairman thru 4/17</td>
<td>0.00 X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Brittany Olivieri Birken</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Robert Campbell</td>
<td>1.00</td>
<td></td>
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<tr>
<td>Board Member</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(5) Steve Capehart</td>
<td>1.00</td>
<td></td>
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</tr>
<tr>
<td>Board Member</td>
<td>0.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Timothy Center</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
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<td>Board Member</td>
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<td></td>
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<tr>
<td>(7) Rose Conry</td>
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<tr>
<td>Board Member</td>
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<td></td>
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<tr>
<td>(8) Bryan Da Frota</td>
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<td>Board Member</td>
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<tr>
<td>(9) Duane E. De Freese</td>
<td>1.00</td>
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<td></td>
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<tr>
<td>(10) Kevin Doyle</td>
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</tr>
<tr>
<td>Chairman</td>
<td>0.00 X</td>
<td>X</td>
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<tr>
<td>(11) Arnie Girnun</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Member</td>
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</tbody>
</table>
### Part VII

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

(continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elisha Gonzalez</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>Elfie Hurst</td>
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<tr>
<td>William Johnson</td>
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<td>0</td>
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<tr>
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<td>0</td>
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</tr>
<tr>
<td>Rick Matthews</td>
<td>1.00</td>
<td>X</td>
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<tr>
<td>Thomas McIntosh</td>
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<tr>
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<td>0.00</td>
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<td>0</td>
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<tr>
<td>Bill Montford</td>
<td>1.00</td>
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<td>0</td>
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</tr>
<tr>
<td>Edwin H. Moore</td>
<td>1.00</td>
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<td>0</td>
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<tr>
<td>Board Member</td>
<td>0.00</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>W. Alexander Moseley</td>
<td>1.00</td>
<td>X</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

1. 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.  
   Yes [ ] No [X]  
2. 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.  
   Yes [ ] No [X]  
3. 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.  
   Yes [X] No [ ]

#### 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.

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

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
<table>
<thead>
<tr>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(20) Bryan Nelson</td>
<td>1.00</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) Elizabeth Porter</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) Cissy Proctor</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) Pam Stewart</td>
<td>1.00</td>
<td></td>
<td>0</td>
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<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) Todd Rebol</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) Mike Tomas</td>
<td>1.00</td>
<td></td>
<td>0</td>
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</tr>
<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) Ardian Zika</td>
<td>1.00</td>
<td></td>
<td>0</td>
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<tr>
<td>Board Member</td>
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<td></td>
</tr>
<tr>
<td>(27) James Nolan</td>
<td>1.00</td>
<td></td>
<td>0</td>
<td>0</td>
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<tr>
<td>Board Member</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

<table>
<thead>
<tr>
<th>3</th>
<th>Did the organization list any <strong>former</strong> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If &quot;Yes,&quot; complete Schedule J for such individual</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>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 &quot;Yes,&quot; complete Schedule J for such individual</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If &quot;Yes,&quot; complete Schedule J for such person</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(28) Mike Myhre</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) Stan Connally</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) Robert Doyle</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) Tony McGee</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) Camille Lee-Johnson</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) Stephanie Smith</td>
<td>1.00</td>
<td>Board Member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(34) Michelle Dennard</td>
<td>40.00</td>
<td>President/CEO</td>
<td>173,233</td>
<td>0</td>
<td>21,442</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(35) Andrew Collins</td>
<td>40.00</td>
<td>COO/CFO</td>
<td>41,295</td>
<td>57,500</td>
<td>17,950</td>
</tr>
</tbody>
</table>

1b Sub-total                               214,528  57,500  39,392

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

---

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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
</table>

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

---

Form 990 (2017) Page 8 of CareerSource Florida, Inc. 59-3659026
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**1. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(36) Andra Cornelius</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior VP</td>
<td>40.00</td>
<td>x</td>
<td>123,689</td>
<td>0</td>
<td>22,068</td>
</tr>
<tr>
<td>(37) Adriane Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP External Affairs</td>
<td>40.00</td>
<td>x</td>
<td>117,831</td>
<td>0</td>
<td>24,528</td>
</tr>
<tr>
<td>(38) Aaron Schmerbeck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Economist</td>
<td>40.00</td>
<td>x</td>
<td>115,231</td>
<td>0</td>
<td>28,305</td>
</tr>
<tr>
<td>(39) Mary Lazor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Policy VP</td>
<td>40.00</td>
<td>x</td>
<td>110,639</td>
<td>0</td>
<td>14,545</td>
</tr>
</tbody>
</table>

**1b Sub-total**

467,390

**c Total from continuation sheets to Part VII, Section A**

89,446

**d Total (add lines 1b and 1c)**

456,836

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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position</th>
<th>(C) Average hours per week</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(36) Andra Cornelius</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior VP</td>
<td></td>
<td>40.00</td>
<td>123,689</td>
<td>0</td>
<td>22,068</td>
</tr>
<tr>
<td>(37) Adriane Grant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP External Affairs</td>
<td></td>
<td>40.00</td>
<td>117,831</td>
<td>0</td>
<td>24,528</td>
</tr>
<tr>
<td>(38) Aaron Schmerbeck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chief Economist</td>
<td></td>
<td>40.00</td>
<td>115,231</td>
<td>0</td>
<td>28,305</td>
</tr>
<tr>
<td>(39) Mary Lazor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Policy VP</td>
<td></td>
<td>40.00</td>
<td>110,639</td>
<td>0</td>
<td>14,545</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong> Federated campaigns</td>
<td><strong>1a</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1b</strong> Membership dues</td>
<td><strong>1b</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1c</strong> Fundraising events</td>
<td><strong>1c</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1d</strong> Related organizations</td>
<td><strong>1d</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1e</strong> Government grants (contributions)</td>
<td><strong>1e</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1f</strong> All other contributions, gifts, grants, and similar amounts not included above</td>
<td><strong>1f</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong> Noncash contributions included in lines 1a-1f</td>
<td><strong>g</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h</strong> Total. Add lines 1a-1f</td>
<td><strong>14,906,163</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2a</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2b</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2c</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2d</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2e</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2f</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong> Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3</strong> Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6a</strong> Gross rents</td>
<td><strong>14,800</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6b</strong> Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6c</strong> Rental inc. or loss</td>
<td><strong>14,800</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7a</strong> Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7b</strong> Less: cost or other basis &amp; sales expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7c</strong> Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong> Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a</strong> Gross income from fundraising events (not including $ of contributions reported on line 1c).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8b</strong> Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8c</strong> Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9a</strong> Gross income from gaming activities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9b</strong> Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9c</strong> Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10a</strong> Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10b</strong> Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10c</strong> Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11a</strong> Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11b</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11c</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11d</strong> All other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong> Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12</strong> Total revenue. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**14,926,942** 0 0 20,779

Form 990 (2017)
### Statement of Functional Expenses

**Part IX**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest bearing</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>17,125,338</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>2,098,279</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>67,227</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a 519,915</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b 80,345</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 34)</strong></td>
<td>16 19,783,706</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17 992,370</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19 17,053,548</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25 285,287</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>26 18,331,205</td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>27 1,452,501</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
</tbody>
</table>

### Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32 1,452,501</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>33 19,783,706</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>34 19,783,706</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

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

### Part XII  Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash [x] Accrual [x] Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[x] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[x] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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.</td>
<td></td>
<td>[x]</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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)(vii). (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, or 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. Check one:
   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 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?
      Yes No
   (v) Amount of monetary support (see instructions)
   (vi) Amount of other support (see instructions)

(A)  
(B)  
(C)  
(D)  
(E)  

Total

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

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

#### Section B. Total Support

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

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

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2017</td>
<td>99.68%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2016</td>
<td>99.69%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

16b 33 1/3% support test—2016. 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 stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test—2017. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

17b 10%-facts-and-circumstances test—2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td><strong>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</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>Public support percentage from 2016 Schedule A, Part III, line 15</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

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

**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.

**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.

**Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

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

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (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).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV Supporting Organizations (continued)

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If &quot;No,&quot; 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).</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the organization accept a gift or contribution from any of the following persons?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a 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?</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described in (a) above?</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td>11c</td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally-Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; 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.</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If &quot;Yes,&quot; 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.</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>Parent of Supported Organizations. Answer (a) and (b) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
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.

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Schedule A (Form 990 or 990-EZ) 2017

**CareerSource Florida, Inc.**

59-3659026

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

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1c; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**Schedule B (Form 990, 990-EZ, or 990-PF)**

**Department of the Treasury**

**Internal Revenue Service**

---

### Schedule of Contributors

- **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.**

---

#### Name of the organization

**CareerSource Florida, Inc.**

**Employer identification number**

59-3659026

---

#### Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

---

#### 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 1/3% 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)
### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | US Department of Health and Human Se 200 Independence Avenue SW Washington DC 20201 | $434,262 | **X** Person  
            **X** Payroll  
            □ Noncash  |
| 2   | US Dept of Labor 200 Constitution Avenue NW Washington DC 20210 | $7,200,274 | **X** Person  
            **X** Payroll  
            □ Noncash  |
| 3   | State of Florida Dept of Economic 107 East Madison Street Tallahassee FL 32399-0810 | $7,169,823 | **X** Person  
            **X** Payroll  
            □ Noncash  |

(Complete Part II for noncash contributions.)
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or 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?

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?

Part II Conservation Easements.

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

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.

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.

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.

1b 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:

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

   (ii) Assets included in Form 990, Part X
Schedule D (Form 990) 2017  CareerSource Florida, Inc.  59-3659026  Page 2

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:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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.

1a  Beginning of year balance .................

b  Contributions ................................

c  Net investment earnings, gains, and losses .........................................................

d  Grants or scholarships .........................

e  Other expenditures for facilities and programs ...................................................

f  Administrative expenses ...........

g  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:

   (i) unrelated organizations

   (ii) related organizations

b  If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  ❑ Yes ❑ No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td>17,505</td>
<td>9,055</td>
<td>8,450</td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td>502,410</td>
<td>71,290</td>
<td>431,120</td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  439,570

Schedule D (Form 990) 2017
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) Compensated Absences</td>
<td><strong>285,287</strong></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong></td>
<td><strong>285,287</strong></td>
</tr>
</tbody>
</table>

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.... [X]
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.

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

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.

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

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.
**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? [X] Yes  

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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
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<tbody>
<tr>
<td>3T-INOVATIONS, LLC</td>
<td>45-3814075</td>
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<td>14,625</td>
<td></td>
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<tr>
<td>905 E. MARTIN LUTHER KING JR. DR.</td>
<td></td>
<td>5 (if applicable)</td>
<td>6,000</td>
<td></td>
<td></td>
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<tr>
<td>TARPON SPRINGS</td>
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<td>2. AAJ COMPUTER SERVICES, INC</td>
<td>60762524</td>
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<td>16,825</td>
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<td>6301 NW 5TH WAY, SUITE 1700</td>
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<td>FORT LAUDERDALE</td>
<td>33325</td>
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<tr>
<td>3. AB&amp;B MANUFACTURING</td>
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<tr>
<td>PO BOX 6456</td>
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<tr>
<td>4. ACADEMIC TECHNOLOGIES INC</td>
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<tr>
<td>MIAMI</td>
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<td>5. ACCESS COMPUTER TRAINING, LLC</td>
<td>33548</td>
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<tr>
<td>LUTZ</td>
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<tr>
<td>6. ADVANCED ROOFING, INC.</td>
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<td>FORT LAUDERDALE</td>
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<td>7,000</td>
<td></td>
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<tr>
<td>7. ADVANCED TECHNOLOGY SUPPLY INC. OF O</td>
<td>33442</td>
<td></td>
<td>6,994</td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td>7,000</td>
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<tr>
<td>Deerfield Beach</td>
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<td></td>
<td>7,000</td>
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<td></td>
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<tr>
<td>8. ALPHATEX, CORPORATION</td>
<td>5907</td>
<td></td>
<td>6,142</td>
<td></td>
<td></td>
<td>Employee Training As</td>
<td></td>
</tr>
<tr>
<td>NW 102ND AVENUE</td>
<td></td>
<td>60 (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
<td></td>
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<tr>
<td>DORAL</td>
<td>33178</td>
<td></td>
<td>6,142</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>9. BB INSURANCE MARKETING, INC</td>
<td>3422826</td>
<td></td>
<td>11,985</td>
<td></td>
<td></td>
<td>Employee Training As</td>
<td></td>
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<tr>
<td>10167 W. SUNRISE BLVD, 3rd FLOOR</td>
<td></td>
<td>70 (if applicable)</td>
<td>11,985</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PLANTATION</td>
<td>33222</td>
<td></td>
<td>11,985</td>
<td></td>
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<td>Employee Training As</td>
<td></td>
</tr>
</tbody>
</table>

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  

---

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

DAA
### 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**

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 or 22.

<table>
<thead>
<tr>
<th>#</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BLUE SPARQ 400 NW 38TH AVE CAPE CORAL FL 33909</td>
<td>26-4623906</td>
<td></td>
<td>14,062</td>
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<td>Employee Training As</td>
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<tr>
<td>2</td>
<td>BLUE WATER COMPONENTS 704 LEELAND HEIGHTS BLVD WEST ST B LEHIGH ACRES FL 33936</td>
<td>20-5220944</td>
<td></td>
<td>6,994</td>
<td></td>
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<td>Employee Training As</td>
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<tr>
<td>3</td>
<td>BROWARD COLLEGE Attn Administrative Center 6400 NW W Fort Lauderdale FL 33309</td>
<td>59-1216107</td>
<td>(C)</td>
<td>424,628</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
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<tr>
<td>4</td>
<td>CENTRAL FLORIDA CUSTOM TRAILERS, 2136 E. 4TH STREET ORLANDO FL 32824</td>
<td>59-3177160</td>
<td></td>
<td>15,719</td>
<td></td>
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<td>Employee Training As</td>
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<tr>
<td>5</td>
<td>Chipola College 3094 Indian Circle Marianna FL 32446</td>
<td>59-6004084</td>
<td>(C)</td>
<td>328,125</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
</tr>
<tr>
<td>6</td>
<td>CME ARMA INC 4500 NW 36TH AVENUE MIAMI FL 33142</td>
<td>65-0298026</td>
<td></td>
<td>19,125</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
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<tr>
<td>7</td>
<td>CONSOLIDATED LABEL COMPANY 2001 EAST LAKE MARY BLVD. SANFORD FL 32773</td>
<td>59-2470615</td>
<td></td>
<td>14,987</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
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<tr>
<td>8</td>
<td>CONTEC DTX, INC. 1800 PENN STREET, SUITE 1 MELBOURNE FL 32901</td>
<td>35-2191025</td>
<td></td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
</tr>
<tr>
<td>9</td>
<td>CUSTOM METAL DESIGNS, INC. PO BOX 783037 WINTER GARDEN FL 34778</td>
<td>59-1410239</td>
<td></td>
<td>17,477</td>
<td></td>
<td></td>
<td></td>
<td>Employee Training As</td>
</tr>
</tbody>
</table>

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.

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

---

**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 [ ]

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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| 1    | Daytona State College  
P.O. Box 2811  
Daytona Beach FL 32120  
FL 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 |

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.

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

DAA
## 2017 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**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 or 22.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FATH, INC 6533 HAZELTINE NATIONAL DRIVE SUITE ORLANDO FL 32822</td>
<td>76-0746190</td>
<td>11,310</td>
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<td>2</td>
<td>FLOMET, LLC 810 FLIGHTLINE BLVD DELAND FL 32724</td>
<td>59-3534503</td>
<td>12,360</td>
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<tr>
<td>3</td>
<td>FLORIDA PANHANDLE TECHNICAL COLLEGE 757 HOYT STREET CHIPLEY FL 32428</td>
<td>59-6000898</td>
<td>113,400</td>
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<td>Employee Training As</td>
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<td>4</td>
<td>FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY SW, K-240 FORT MEYERS FL 33919</td>
<td>59-1211051</td>
<td>1,819,447</td>
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<tr>
<td>5</td>
<td>Florida State College at Jacksonville 501 West State Street Jacksonville FL 32202</td>
<td>59-1149317</td>
<td>352,170</td>
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<td>6</td>
<td>GERMFREE LABORATORIES INCORPORATED 4 SUNSHINE BLVD ORMOND BEACH FL 32174</td>
<td>59-0994226</td>
<td>8,900</td>
<td></td>
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<tr>
<td>7</td>
<td>GRACE PROSTHETIC FABRICATION INC. 7928 RUTILLIO COURT NEW PORT RICHEY FL 34653</td>
<td>59-2991443</td>
<td>28,000</td>
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<td></td>
<td>Employee Training As</td>
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<tr>
<td>8</td>
<td>HEALTH BUSINESS SOLUTIONS 10620 GRIFFIN ROAD STE 200 COOPER CITY FL 33328</td>
<td>36-4505903</td>
<td>20,036</td>
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<td></td>
<td>Employee Training As</td>
<td></td>
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<tr>
<td>9</td>
<td>HIALEAH METAL SPINNING 8155 W 20TH AVE HIALEAH FL 33014</td>
<td>59-1309679</td>
<td>19,181</td>
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<td>Employee Training As</td>
<td></td>
</tr>
</tbody>
</table>

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.

▶ 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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| (1) HOFFER PEST SOLUTIONS, INC.  
Coral Springs, FL 33065  
12329 NW 35 ST | 46-4025686 | 12329 NW 35 ST | 7,500 | Employee Training As |
| (2) HOOVER PUMPING SYSTEMS  
Pompano Beach, FL 33069  
2801 N Powerline Road | 59-2498106 | 2801 N Powerline Road | 12,075 | Employee Training As |
| (3) IM SOLUTIONS, INC  
Melbourne, FL 32901  
2801 S. Harbor City Blvd | 35-2190575 | 2801 S. Harbor City Blvd | 9,477 | Employee Training As |
| (4) IMMUNOSITE TECHNOLOGIES, LLC  
Pompano Beach, FL 33069  
2831 Corporate Way | 27-0806703 | 2831 Corporate Way | 5,100 | Employee Training As |
| (5) Intech, Inc.  
Melbourne, FL 32901  
375 East Drive | 59-3297439 | 375 East Drive | 13,125 | Employee Training As |
| (6) INTEGRATED DESIGN & DEVELOPMENT  
Sanford, FL 32771  
410 W. 4th ST | 20-2496151 | 410 W. 4th ST | 5,288 | Employee Training As |
| (7) J.T.D. ENTERPRISES, INC.  
Lutz, FL 33559  
4446 Pet Lane, Suite 103 | 38-2277043 | 4446 Pet Lane, Suite 103 | 18,000 | Employee Training As |
| (8) Kimball Electronics Tampa  
Tampa, FL 33626  
13750 Repton Blvd. | 38-2081116 | 13750 Repton Blvd. | 6,475 | Employee Training As |
| (9) Kira Labs  
Pompano Beach, FL 33069  
3400 Gateway Drive, Suite 100 | 20-0018289 | 3400 Gateway Drive, Suite 100 | 10,200 | 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

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

Schedule I (Form 990) (2017)
## 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

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| **(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 | 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  
MIAMAR, FL 33027 | 65-0743439 | | 5,228 | | | Employee Training As |
| **(8) MIAMI DADE COLLEGE**  
627 SW 27TH AVENUE, ROOM 3116  
MIAMI, FL 33135 | 59-1210485 | (C) | 27,300 | | | Employee Training As |
| **(9) MIKROS SYSTEMS CORPORATION**  
8076 114TH AVE  
LARGO, FL 33773 | 14-1598200 | | 9,043 | | | 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

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

DAA
### 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

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
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</thead>
<tbody>
<tr>
<td>1. MOTION CONTROL SERVICES</td>
<td>1427 CHAFFEE DRIVE STE 5</td>
<td>TITUSVILLE FL 32780</td>
<td>20-2346547</td>
<td>7,248</td>
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<td>2. MRO AEROSPACE INC.</td>
<td>10530 72ND STREET</td>
<td>LARGO FL 33777</td>
<td>59-3701355</td>
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<tr>
<td>3. NORTHROP GRUMMAN SYSTEMS CORPORATION</td>
<td>2000 W. NASA BLVD</td>
<td>MELBOURNE FL 32904</td>
<td>95-1055798</td>
<td>200,000</td>
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<td>4. ONE STOP COOLING AND HEATING TAMPA,</td>
<td>12814 DUPONT CIRCLE</td>
<td>TAMPA FL 33626</td>
<td>45-4862818</td>
<td>131,801</td>
<td>Employee Training As</td>
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<tr>
<td>5. One Stop Cooling and Heating Thermo</td>
<td>7225 Sandscove Court, Suite 1</td>
<td>Winter Park FL 32792</td>
<td>46-1877883</td>
<td>25,872</td>
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<td>6. ONE STOP COOLING AND HEATING, LLC</td>
<td>7225 Sandscove Court, Suite 1</td>
<td>WINTER PARK FL 32792</td>
<td>45-4094619</td>
<td>159,579</td>
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<td>7. ONE STOP ENTERPRISE FLORIDA, LLC</td>
<td>7225 Sandscove Court, Suite 1</td>
<td>WINTER PARK FL 32792</td>
<td>81-4832268</td>
<td>84,574</td>
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<tr>
<td>8. OREN INTERNATIONAL</td>
<td>675 S. PACE BLVD</td>
<td>PENSACOLA FL 32502</td>
<td>59-3360747</td>
<td>14,544</td>
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<tr>
<td>9. OWENS CORNING INSULATING SYSTEMS, LLC</td>
<td>2222 West Bella Vista St</td>
<td>LAKELAND FL 33810</td>
<td>43-2109021</td>
<td>8,748</td>
<td>Employee Training As</td>
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</tbody>
</table>

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.
### 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

<table>
<thead>
<tr>
<th>(1)</th>
<th>Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>PALM BEACH STATE COLLEGE</td>
<td>4200 CONGRESS AVENUE - MS#12 LAKE WORTH FL 33461</td>
<td>59-1216000 170 (C)</td>
<td>262,132</td>
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<td>PARAGON PLASTICS</td>
<td>1401 ARMSTRONG DRIVE TITUSVILLE FL 32780</td>
<td>59-3518479</td>
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<td>PASCO-HERNANDO STATE COLLEGE</td>
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<td>59-1385831 170 (C)</td>
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<td>Pensacola State College</td>
<td>1000 College Boulevard Pensacola FL 32504</td>
<td>59-1207555 170 (C)</td>
<td>27,300</td>
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<td>Polk State College</td>
<td>999 Avenue H, NE Winter Haven FL 33881</td>
<td>59-1209033 170 (C)</td>
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<td>PRAESTO ENTERPRISES, LLC</td>
<td>2525 INDUSTRIAL BLVD ORLANDO FL 32804</td>
<td>26-3013412</td>
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<td>PROACTIVE COMPONENTS, INC.</td>
<td>4400 - 118TH AVE N, SUITE 300 CLEARWATER FL 33762</td>
<td>59-3510678</td>
<td>5,250</td>
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<td>QUANTUMFLO, INC.</td>
<td>210 SPRINGVIEW COMMERCE DR., BLDG 1 DEBARY FL 32713</td>
<td>20-8514929</td>
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<td>REGAL MARINE INDUSTRIES, INC.</td>
<td>2300 JETPORT DRIVE ORLANDO FL 32809</td>
<td>59-1273173</td>
<td>19,402</td>
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</table>

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 [ ]
**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 or 22.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) REGIONAL AIRLINE SUPPORT GROUP LLC</td>
<td>3550 NW 126TH AVE</td>
<td>CORAL SPRINGS FL 33065</td>
<td>65-0961803</td>
<td>10,958</td>
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<td>(2) RELIANT ENGINEERED PRODUCTS, INC.</td>
<td>2604 POWERS AVENUE SUITE 5</td>
<td>JACKSONVILLE FL 32207</td>
<td>47-2747300</td>
<td>12,499</td>
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<tr>
<td>(3) REXALL SUNDOWN</td>
<td>1111 SW 30TH AVENUE</td>
<td>DEERFIELD BEACH FL 33442</td>
<td>59-1688986</td>
<td>10,600</td>
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<td>(4) RTI SURGICAL, INC.</td>
<td>11621 RESEARCH CIRCLE</td>
<td>ALACHUA FL 32615</td>
<td>59-3466543</td>
<td>16,750</td>
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<tr>
<td>(5) S.O.S. FOOD LAB, INC.</td>
<td>9399 NW 13TH STREET</td>
<td>DORAL FL 33172</td>
<td>22-2583901</td>
<td>12,555</td>
<td>Employee Training As</td>
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<tr>
<td>(6) Santa Fe College</td>
<td>N.W. 83rd Street</td>
<td>Gainesville FL 32606</td>
<td>59-1207627170 (C</td>
<td>42,630</td>
<td>Employee Training As</td>
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<tr>
<td>(7) Seminole State College</td>
<td>100 Weldon Blvd.</td>
<td>Sanford FL 32773-6199</td>
<td>59-1210158170 (C</td>
<td>429,240</td>
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<tr>
<td>(8) SENSIBLE MICRO CORPORATION</td>
<td>13520 PRESTIGE PLACE</td>
<td>TAMPA FL 33635</td>
<td>20-2650363</td>
<td>5,625</td>
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<tr>
<td>(9) SIE CONNECT, INC.</td>
<td>3149 SKYWAY CIRCLE</td>
<td>MELBOURNE FL 32934</td>
<td>59-3578735</td>
<td>5,625</td>
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</table>

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.

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

---

**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 or 22, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tr>
<td>SIO CNC MACHINING, INC 14241 60th STREET NORTH CLEARWATER FL 33760 45-2638834</td>
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<td>SNOWBIRD ENVIRONMENTAL SYSTEMS CORP 4874 VICTOR STREET JACKSONVILLE FL 32207 59-3129276</td>
<td>6,435</td>
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<td>SOFLO MACHINING CORP 3771 NW 126TH AVENUE CORAL SPRINGS FL 33065 45-1483837</td>
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<td>SOULE COMPANY 3422 PET LANE LUTZ FL 33559 59-0781654</td>
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<td>SPACE COAST INTELLIGENT SOLUTIONS, 3040 VENTURE LANE SUITE 104 MELBOURNE FL 32934 30-0537746</td>
<td>6,000</td>
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<td>SPURS MARINE MANUFACTURING, INC. 201 SW 33RD STREET FORT LAUDERDALE FL 33315 59-2323786</td>
<td>5,850</td>
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<tr>
<td>St. Petersburg College/EPI Center P. O. Box 13489 CLEARWATER FL 33733-3489 59-1211489170</td>
<td>559,335</td>
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<td>STEIN MART INC. 1200 RIVERPLACE BLVD JACKSONVILLE FL 32207 64-0466198</td>
<td>26,688</td>
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<td>SUNDANCE GRAPHICS LLC 9564 DELEGATES DRIVE ORLANDO FL 32837 20-8668054</td>
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</table>

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

For Paperwork Reduction Act Notice, see the instructions for Form 990.
### 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 or 22.

<table>
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<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
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<td>THE BARE BOARD GROUP, INC. 8565B SOMERSET DRIVE LARGO FL 33773</td>
<td>41-2040362</td>
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<td>THE FLORIDA KNIFE COMPANY INC. 1735 APEX RD SARASOTA FL 32751</td>
<td>34-1251184</td>
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<td>THE LUNZ GROUP INC. 58 LAKE MORTON DRIVE LAKELAND FL 33801</td>
<td>59-2853955</td>
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<td>The School Board of Hillsborough Co Tampa FL 33610</td>
<td>59-6000660</td>
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<tr>
<td>5410 N 20th Street Tampa FL 33610</td>
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<td>TRINITY SERVICES GROUP, INC. 477 COMMERCETM BLVD OLDSMAR FL 34677</td>
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<td>TRI-TRONICS 7705 Cheri Court TAMPA FL 33634</td>
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<td>TWINSTAR OPTICS &amp; COATINGS INC. 6741 COMMERCE AVENUE PORT RICHEY FL 34668</td>
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<td>ULTRA-TECH ENTERPRISES, INC 4701 TAYLOR ROAD PUNTA GORDA FL 33950</td>
<td>65-0292906</td>
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<td>18,000</td>
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<td>Employee Training As</td>
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</table>

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.
### 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 or 22.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<tbody>
<tr>
<td>UNIVERSAL ENVIRONMENTAL SOLUTIONS, 1800 GRANT STREET TAMPA, FL 33605</td>
<td>45-4065911</td>
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<td>5,015</td>
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<td>Employee Training As</td>
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<tr>
<td>UNIVERSITY OF NORTH FLORIDA-CONTINU 12000 ALUMNI DRIVE JACKSONVILLE, FL 32224</td>
<td>59-2976169</td>
<td>170 (C)</td>
<td>244,965</td>
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<tr>
<td>Valencia College P.O. Box 3028 ORLANDO, FL 32802</td>
<td>59-1216316</td>
<td>170 (C)</td>
<td>73,500</td>
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<tr>
<td>WERSHOW AND SCHNEIDER, PA 204 SE FIRST ST GAINESVILLE, FL 32601</td>
<td>59-2546569</td>
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<td>25,917</td>
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<td>Employee Training As</td>
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<tr>
<td>WWD USA GROUP LLC 11870 W. STATE RD 84, SUITE C-10 DAVIE, FL 33325</td>
<td>74-3028695</td>
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<td>6,270</td>
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<td>Employee Training As</td>
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</table>

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

For Paperwork Reduction Act Notice, see the instructions for Form 990.
### Part III  Grants and Other Assistance to Domestic Individuals

Complete if the organization answered “Yes” on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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</tbody>
</table>

### Part IV  Supplemental Information

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

See Schedule I Supplemental Information Worksheet

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DAA
Name of the organization  
CareerSource Florida, Inc.  

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  

<table>
<thead>
<tr>
<th>SCHEDULE I (Form 990)</th>
<th>Supplemental Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the organization</td>
<td>CareerSource Florida, Inc.</td>
</tr>
<tr>
<td>Employer identification number</td>
<td>59-3659026</td>
</tr>
<tr>
<td>For calendar year 2017, or tax year beginning</td>
<td>07/01/17, and ending</td>
</tr>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>CareerSource Florida.</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as, maid, chauffeur, chef)

#### 1b 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.

- [x] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] 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:

- [x] Receive a severance payment or change-of-control payment?
- [x] Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- [x] Receive in, or receive payment from, an equity-based compensation arrangement?

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:

- [x] The organization?
- [x] Any related organization?

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:

- [x] The organization?
- [x] Any related organization?

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)?

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

Schedule J (Form 990) 2017

DAA
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)–(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Dennard, President/CEO</td>
<td>(i) 138,459</td>
<td>(ii) 12,731</td>
<td>(iii) 22,043</td>
<td>20,061</td>
<td>1,381</td>
</tr>
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<td>16</td>
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</tbody>
</table>
Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Form 990 - Additional Information

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.
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.
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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Outlay</td>
<td>$485,569</td>
</tr>
<tr>
<td>Change in Compensated Absences</td>
<td>$-10,372</td>
</tr>
<tr>
<td>Total</td>
<td>$475,197</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled entity</td>
</tr>
</tbody>
</table>

1. FL Dept. of Economic Opportunity  
   107 East Madison Street, Tallahassee, FL 32399-4120  
   FL  
   N/A  
   X

2.  

3.  

4.  

5.  

---

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

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

### 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.

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

### Line 1
- **a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan guarantees to or for related organization(s)
- **e** Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- **g** Sale of assets to related organization(s)
- **h** Purchase of assets from related organization(s)
- **i** Exchange of assets with related organization(s)
- **j** Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)
- **l** Performance of services or membership or fundraising solicitations for related organization(s)
- **m** Performance of services or membership or fundraising solicitations by related organization(s)
- **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- **o** Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- **r** Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

### Line 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.

#### Table

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a–s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FL Dept. of Economic Opportunity</td>
<td>o</td>
<td>33,772</td>
<td>Cost</td>
</tr>
<tr>
<td>(2) FL Dept. of Economic Opportunity</td>
<td>c</td>
<td>7,169,823</td>
<td>Cost</td>
</tr>
<tr>
<td>(3)</td>
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</tr>
</tbody>
</table>

Schedule R (Form 990) 2017  CareerSource Florida, Inc.  59-3659026  Page 3
**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See Instructions.
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.
<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2017</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants</td>
<td>30,512</td>
<td>30,512</td>
<td></td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government contributions and grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from tax exempt bonds</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Net gain or (loss) from sale of assets other than inventory</td>
<td></td>
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<tr>
<td>Net income or (loss) from fundraising events</td>
<td></td>
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</tr>
<tr>
<td>Net gain or (loss) from gaming</td>
<td></td>
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<tr>
<td>Net gain or (loss) on sales of inventory</td>
<td></td>
<td></td>
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<tr>
<td>Other revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue</td>
<td>14,926,942</td>
<td>14,926,942</td>
<td></td>
</tr>
<tr>
<td>Grants and similar amounts paid</td>
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<td>Other professional fees</td>
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<td>Occupancy, rent, utilities, and maintenance</td>
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<td>Excess or (Deficit). Subtract line 22 from line 12</td>
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<td>Total exempt revenue</td>
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<tr>
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<td>Total excludable revenue</td>
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<tr>
<td>Total assets</td>
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<tr>
<td>Number of independent voting members of governing body</td>
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<td>Number of employees</td>
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<td>Number of volunteers</td>
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<td>Employer Identification Number: 59-3659026</td>
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<td><strong>Contributions, gifts, grants</strong></td>
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<td>2015: 20,921,798</td>
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<td>2018: 18,522,530</td>
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<td>2016: 213,916</td>
<td>2017: 828,551</td>
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<tr>
<td><strong>Gaming revenue (income/loss)</strong></td>
<td>2016: 184,022</td>
<td>2017: 180,006</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>2016: 12,916,196</td>
<td>2017: 14,926,942</td>
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<tr>
<td><strong>Grants and similar amounts paid</strong></td>
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<tr>
<td><strong>Compensation of officers, etc.</strong></td>
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<td><strong>Occupancy costs</strong></td>
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<td><strong>Depreciation and depletion</strong></td>
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<td>2017: 3,037,956</td>
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<tr>
<td><strong>Other expenses</strong></td>
<td>2016: 2,909</td>
<td>2017: 48,908</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td>2016: 12,794,522</td>
<td>2017: 14,951,020</td>
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</tr>
<tr>
<td><strong>Excess or (Deficit)</strong></td>
<td>2016: 121,674</td>
<td>2017: -24,078</td>
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<tr>
<td><strong>Total exempt revenue</strong></td>
<td>2016: 12,916,196</td>
<td>2017: 14,926,942</td>
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<tr>
<td><strong>Total unrelated revenue</strong></td>
<td>2016: 17,170,257</td>
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<tr>
<td><strong>Total excludable revenue</strong></td>
<td>2016: 20,940,682</td>
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<td><strong>Total Assets</strong></td>
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<td><strong>Net Fund Balances</strong></td>
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<td>Business activity profit/loss</td>
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<td>Capital gains/losses</td>
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<tr>
<td>Partner and S Corp gain/loss</td>
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<tr>
<td>Rental income*</td>
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<tr>
<td>Debt-financed income*</td>
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<tr>
<td>Controlled organizations income/interest*</td>
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<tr>
<td>Investment income, specific organizations*</td>
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<tr>
<td>Exploited exempt activity income*</td>
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<td>Other income</td>
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<tr>
<td><strong>Total trade or business income.</strong></td>
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<tr>
<td>Compensation of officers, etc.</td>
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<tr>
<td>Other salaries and wages</td>
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<td>Repairs and maintenance</td>
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<td>Bad debts</td>
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<tr>
<td>Interest</td>
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<td>Taxes and licenses</td>
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<td>Charitable contributions</td>
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<td>Depreciation and Depletion</td>
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<td>Employee benefit programs</td>
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<td>Other deductions</td>
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<td>Net operating loss deduction</td>
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<td>Income after expense and deductions</td>
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<td>Income tax (corporate or trust)</td>
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<td>Other payments</td>
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<tr>
<td><strong>Balance due/Overpayment</strong></td>
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* Income shown net of expenses
### Taxable Interest on Investments

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<th>Description</th>
<th>Amount</th>
<th>Unrelated Business Code</th>
<th>Exclusion Code</th>
<th>Postal Acquired after 6/30/75</th>
<th>US Obs ($ or %)</th>
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<td>Total</td>
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Total $654
### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

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<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Management &amp; General</th>
<th>Fund Raising</th>
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<td>Payroll Processing Fees</td>
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<td>Administrative Contracts - HR</td>
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<td>Program Service Costs</td>
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<tr>
<td><strong>Total</strong></td>
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