		I		BLIC D				F			Fair	OMB No. 1545-0047
For	" 9	90	Return o Under section 501(c),									0004
Do not enter social security numbers on this form as it may be made public.									Open to Public			
Depa Interi	rtment nal Reve	of the Treasury enue Service	Go to	www.irs.gov	/Form990 f	or instruct	tions an	d the lat	est ir	nformation.		Inspection
AF	or th	e 2021 calenda	ar year, or tax year be	ت ginning	JUL 1,	2021	and	d ending	JU	JN 30,	2022	
B a	Check if pplicab	C Name of	organization							D Employer	r identifica	ation number
	Addre	ge WORK	NET PINELLAS	S INC.								
	Name	ge Doing bu	isiness as CAREE	ERSOURC	E PINE	LLAS				73-1	67818	0
	Initial returr Final returr	Number	and street (or P.O. box i 5 58TH STREE					Room/s	uite	E Telephone 727-	e number 608-1	709
	termi ated	n_	own, state or province,				ode			G Gross receipt	ts \$	7,597,320.
	Amer returr	ded CT.FA	RWATER, FL	33760						H(a) Is this a	group retu	urn
	Appli tion	^{ca-} F Name ar	nd address of principal	officer: STE	EVEN ME	IER					ordinates?	
	pend	ING SAME	AS C ABOVE							H(b) Are all sub	ordinates incl	uded? Yes No
		empt status: 🗌) 🗲 (insert n		947(a)(1)) or	527	lf "No,"	attach a lis	st. See instructions
			CAREERSOURCE	EPINELL	AS.COM					H(c) Group e		
		f organization:	K Corporation T	Frust A	ssociation	Other		LY	'ear of	f formation: 2	001 M	State of legal domicile: FL
Pa	art I						<u> </u>					
ė	1		e the organization's mis									
Governance			THE FUTURE									
ern	2	Check this boy				•	•			han 25% of it		
Š	3		ing members of the gov									23
ۍ ه			ependent voting memb									23
es	5		of individuals employed									62
ivit	6		of volunteers (estimate									33
Activities			I business revenue from									0.
	b	Net unrelated I	ousiness taxable incom	ne from Form	990-T, Part	I, line 11						0.
										Prior Yea		Current Year
e	8		and grants (Part VIII, lin							8,302,		7,501,208.
ent	9	•	e revenue (Part VIII, lin	•						110,		83,552.
Revenue	10		ome (Part VIII, column								090.	7,772.
	יין		(Part VIII, column (A), li			,					229.	4,788.
	12		add lines 8 through 11							8,435,		7,597,320.
	13		nilar amounts paid (Par	-						516,		452,305.
	14		o or for members (Part							2 000	0.	0.
es	15		compensation, employ							3,800,		3,489,012.
Expenses	16a		Indraising fees (Part IX,					^			0.	0.
, N	b		ng expenses (Part IX, c							4,053,	210	5,589,974.
	11		s (Part IX, column (A), I							<u>4,053,</u> 8,369,		9,531,291.
	18		s. Add lines 13-17 (mus								334.	-1,933,971.
<u> </u>	19	Revenue less e	expenses. Subtract line	e 18 from line	12				Dee			
t Assets or d Balances	200	Total accets (D	art V line 16)						вeg	inning of Curre 4,119,		<u>End of Year</u> 1,995,144.
Asse Rala	20	Total assets (P								<u>4,119,</u> 961,		770,565.
Net A			,	t lina 21 from						3,158,		1,224,579.
	art II		und balances. Subtrac	t line 21 from	nine 20					J, IJO,	550.1	1,444,J13.
		-	declare that I have examin	ned this return	including ac	ompanying	schadula	es and stat	temon	ts and to the	hest of my b	nowledge and holief it is
			Declaration of preparer (o								-	חטייוטעטט מווע טבוולו, וג וא
<u></u>	,				or j is based U		LIUII UI W	поп рі ср	ui ui 11		uyu.	

Sign	Signature of officer		Date						
Here	STEVEN MEIER, INTERIM Type or print name and title	CEO & CFO							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	STACEY T KOLKA	Stacey T. Kolka	1/24/2023	self-employed P01371120					
Preparer	Firm's name 🕨 THOMAS HOWELL FE	RGUSOŇ P.A.	Firm's	EIN ▶ 59-3186310					
Use Only	Firm's address 2615 CENTENNIAL	BLVD., SUITE 200							
TALLAHASSEE, FL 32308 Phone no.850-668-81									
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

a	990 (2021) WORKNET PINELLAS INC. 73-1678180 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	THE MISSION OF CAREERSOURCE PINELLAS IS TO BUILD THE TALENT PIPELINE
	FOR TODAY AND THE FUTURE BY PROVIDING EASY ACCESS TO WORKFORCE
	SOLUTIONS.
_	
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
	(Code:) (Expenses \$ 3,399,739. including grants of \$ 414,632.) (Revenue \$)
	WORKFORCE INNOVATION AND OPPORTUNITY ACT - THE PURPOSE OF THE PROGRAM IS TO BUILD A SKILLED WORKFORCE THAT EMPLOYERS NEED. THIS PROGRAM IS
	DESIGNED TO PROVIDE TRAINING OPPORTUNITIES IN HIGH DEMAND OCCUPATIONS
	TO INCREASE EMPLOYMENT, RETENTION AND EARNINGS OF WIOA PROGRAM
	PARTICIPANTS.
-	(Code:) (Expenses \$1,910,396. including grants of \$16,889.) (Revenue \$)
	(Code:) (Expenses \$I,910,396. including grants of \$16,889.) (Revenue \$) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - THE PURPOSE OF THE TEMPORARY
	ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM IS TO PROVIDE TEMPORARY
	FINANCIAL HELP TO ELIGIBLE LOW-INCOME FAMILIES. THE PROGRAM IS DESIGNED
	TO END DEPENDENCE BY NEEDY PARENTS ON GOVERNMENT BENEFITS BY PROMOTING
	TO END DEPENDENCE BY NEEDY PARENTS ON GOVERNMENT BENEFITS BY PROMOTING TRAINING, JOB PREPARATION AND WORK.
	TRAINING, JOB PREPARATION AND WORK.
_	TRAINING, JOB PREPARATION AND WORK.
	TRAINING, JOB PREPARATION AND WORK. (Code:)(Expenses § 837,480. including grants of § 18,955.) (Revenue §) EMPLOYMENT SERVICE CLUSTER - THE PURPOSE OF THE PROGRAM IS TO IMPROVE THE FUNCTIONING OF THE NATION'S LABOR MARKETS BY BRINGING TOGETHER INDIVIDUALS SEEKING EMPLOYMENT WITH EMPLOYERS SEEKING WORKERS. THE SERVICES PROVIDED THROUGH WAGNER PEYSER ARE JOB SEARCH ASSISTANCE, RECRUITING ASSISTANCE FOR EMPLOYERS, MATCHING SERVICES FOR JOB SEEKERS AND EMPLOYERS AND WORK TEST REQUIREMENTS ASSISTANCE FOR UNEMPLOYMENT
	TRAINING, JOB PREPARATION AND WORK. (Code:)(Expenses § 837,480. including grants of § 18,955.) (Revenue §) EMPLOYMENT SERVICE CLUSTER - THE PURPOSE OF THE PROGRAM IS TO IMPROVE THE FUNCTIONING OF THE NATION'S LABOR MARKETS BY BRINGING TOGETHER INDIVIDUALS SEEKING EMPLOYMENT WITH EMPLOYERS SEEKING WORKERS. THE SERVICES PROVIDED THROUGH WAGNER PEYSER ARE JOB SEARCH ASSISTANCE, RECRUITING ASSISTANCE FOR EMPLOYERS, MATCHING SERVICES FOR JOB SEEKERS AND EMPLOYERS AND WORK TEST REQUIREMENTS ASSISTANCE FOR UNEMPLOYMENT
	TRAINING, JOB PREPARATION AND WORK. (Code:)(Expenses § 837,480. including grants of § 18,955.) (Revenue §) EMPLOYMENT SERVICE CLUSTER - THE PURPOSE OF THE PROGRAM IS TO IMPROVE THE FUNCTIONING OF THE NATION'S LABOR MARKETS BY BRINGING TOGETHER INDIVIDUALS SEEKING EMPLOYMENT WITH EMPLOYERS SEEKING WORKERS. THE SERVICES PROVIDED THROUGH WAGNER PEYSER ARE JOB SEARCH ASSISTANCE, RECRUITING ASSISTANCE FOR EMPLOYERS, MATCHING SERVICES FOR JOB SEEKERS AND EMPLOYERS AND WORK TEST REQUIREMENTS ASSISTANCE FOR UNEMPLOYMENT
	TRAINING, JOB PREPARATION AND WORK.
	TRAINING, JOB PREPARATION AND WORK.
	TRAINING, JOB PREPARATION AND WORK.
	TRAINING, JOB PREPARATION AND WORK. Code:
	TRAINING, JOB PREPARATION AND WORK.

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Form	990	(2021)	

WORKNET PINELLAS INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	15		X
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	16		X
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	17		X
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	18		X
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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	12-09-21	Form	990	(2021)

132003 12-09-21

4 2021.05030 WORKNET PINELLAS INC.

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Form	990 (2021) WORKNET PINELLAS INC. 73-1678	180	Р	_{age} 4
	t IV Checklist of Required Schedules (continued)			ugo
			Yes	No
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	22		X
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		х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
270	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	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
Ь	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 23
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
_	Charly if Schadula O contains a response or pate to any line in this Bart V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
132004	↓ 12-09-21	Form	990	(2021)
	5			

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orm 9 Part	WORKNET PINELLAS INC. V Statements Regarding Other IRS Filings and Tax Compliance (continued)		73-1678	180	P	age 5		
	Statements negaring other ins rinings and rax compliance (continued)				Yes	No		
2a E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				103			
	iled for the calendar year ending with or within the year covered by this return	2a	62					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
1	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s						
3a [Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
bΙ	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a					
f	inancial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х		
	f "Yes," enter the name of the foreign country 🕨							
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).					
5a \	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х		
c I	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5</u> c				
6a [Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
bΙ	f "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts					
١	vere 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 ser	vices p	rovided to the payor?	7a		Х		
bΙ	f "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 wa	as requ	lired					
t	o file Form 8282?	I 1		7c		Х		
	f "Yes," indicate the number of Forms 8282 filed during the year	7d						
е [Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f				
gΙ	f the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g				
hΙ	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h				
8 9	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e					
5	sponsoring organization have excess business holdings at any time during the year?			8				
9 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? \dots			9b				
0 9	Section 501(c)(7) organizations. Enter:							
	nitiation 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						
1 5	Section 501(c)(12) organizations. Enter:							
	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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a				
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	s the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>				
	Note: See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the	I						
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c				77		
				14a		Х		
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
5 I	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration of	or			77		
e	excess parachute payment(s) during the year? 1/24	/202	3	15		X		
	· · · · · · · · · · · · · · · · · · ·							
	s the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X		
	f "Yes," complete Form 4720, Schedule O.							
7 9	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in							
				17				
á	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? f "Yes," complete Form 6069.							

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Form 990	(2021)
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Check if Schedule O contains a response or note to any line in this Part VI

73-1678180 Page **6**

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12.0		
Ŭ	on Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	Х	
		15a	X	
5	Other officers or key employees of the organization	100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.04		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00	1	
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow FL$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	avanai	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.	man		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	STEVEN MEIER CPA - 727-608-2554			
	13805 58TH STREET N SUITE 2-140, CLEARWATER, FL 33760			
		Form		

Form 990 (2021) WORKNET PINELLAS INC.	73-1678180	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated							
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	ox, unless pers		erson is both an director/trustee)			compensation	compensation	amount of
	week		Jer an	aaa	recio	r/trus	.ee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	L	m ploy	st coi	ar	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BRACKNEY	50.00									
CEO (UNTIL 2/11/22)		1		Х				224,977.	Ο.	11,249.
(2) STEVEN MEIER	50.00									
INTERIM CEO & CFO		1		Х				151,958.	Ο.	7,638.
(3) BARCLAY HARLESS	5.00									
BOARD CHAIR		Х		х				0.	Ο.	0.
(4) COMM. RENE FLOWERS	2.00									
VICE-CHAIR		Х		х				0.	Ο.	0.
(5) KENNETH WILLIAMS	2.00									
SECRETARY		X		Х				0.	Ο.	0.
(6) SHERYL NADLER	2.00									
SECRETARY (UNTIL Q4 2021)		Х		Х				0.	0.	0.
(7) REBECCA SARLO	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) MICHAEL LOGAL	2.00									
CHAIR-ELECT (UNTIL Q2 2022)		Х		Х				0.	0.	0.
(9) JACK GELLER	1.00									
PAST CHAIR		Х		Х				0.	0.	0.
(10) IVONNE ALVAREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JODY ARMSTRONG	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BELINTHIA BERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ANDREA CIANEK	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LISA CANE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CANDIDA DUFF	1.00									
DIRECTOR		Х						0.	0.	0.
(16) CELESTE FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(17) DAVID FETKENHER	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

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132007 12-09-21

Form 990 (2021)

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2021.05030 WORKNET PINELLAS INC.

Form	990	(2021)
I UIIII	330	(2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	Average	(do	not cł	Posi				Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	recto	r/trus	iee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st coi	L.	10001120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) BEVERLY FRANK	1.00									
DIRECTOR (UNTIL Q4 2021)		Х						0.	0	. 0.
(19) JOHN HOWELL	1.00									
DIRECTOR		Х						0.	0	. 0.
(20) MARK HUNT	1.00									
DIRECTOR		Х						0.	0	. 0.
(21) MICHAEL JALAZO	1.00									
DIRECTOR		Х						0.	0	. 0.
(22) KEVIN KNUTSON	1.00									
DIRECTOR		Х						0.	0	. 0.
(23) RUSSELL LEGGETTE	1.00									
DIRECTOR (UNTIL Q4 2021)		Х						0.	0	. 0.
(24) MICHELLE MATTHEWS	1.00									
DIRECTOR (UNTIL Q1 2022)		Х						0.	0	. 0.
(25) CHRIS OWENS	1.00									
DIRECTOR		Х						0.	0	. 0.
(26) DEBBIE PASSERINI	1.00									
DIRECTOR (UNTIL Q1 2022)		Х						0.	0	. 0.
1b Subtotal 376,935.								0	. 18,887.	
c Total from continuation sheets to Part VI	, Section A							0.	0	
d Total (add lines 1b and 1c)								376,935.	0	. 18,887.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										2
										Yes No
3 Did the organization list any former officer,	director, trust	ee, k	key e	mplo	oye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	uch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization	
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		4 X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om a	any	unre	elate	ed organization or individ	lual for services	
rendered to the organization? If "Yes," com	plete Schedule	e J fe	or su	ich p	bers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100,000 of compension	sation from
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg wi	ith c	or wi	thin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business							_	Description of s	ervices	Compensation
NEW HORIZON COMPUTER LEAR				-	54	02				
W. LAUREL STREET, SUITE 2		PA	, 1	FL				TRAINING PRO	VIDER	319,605.
	COMPLETE TECHNOLOGY SOLUTIONS									
8328 BALM ST, WEEKI WACHE	<u>E, FL 3</u>	46	07				_	IT SERVICE PI	ROVIDER	166,001.
ST. PETERSBURG COLLEGE										
P.O. BOX 13489, ST. PETER								TRAINING PRO	VIDER	162,914.
GALEN COLLEGE OF NURSING,						IN				
LUTHER KING. JR. ST. N.,					G,			TRAINING PRO	VIDER	151,263.
GRAY ROBINSON, PA, 643 SW		Е,	S	ΓE						
110, GAINESVILLE, FL 3260	1							LEGAL SERVIC	ES	143,701.

 110, GAINESVILLE, FL 32601
 LEGAL SERVICES

 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

 8

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 WORKNET									73-167	8180
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ord	ee			sated		(W-2/1099-MISC)		organization
	related	ustee	trust		ee	ubeu				and related
	organizations below	ual tr	tional		y olq r	tcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PATRICIA SAWYER	1.00	-	=	0	×	<u> </u>	ш.			
DIRECTOR	1.00	x						0.	0.	0.
(28) ELIZABETH SIPLIN	1.00	Δ							0.	
DIRECTOR	1.00	x						0.	0.	0.
(29) SCOTT THOMAS	1.00								•	
DIRECTOR		x						0.	0.	0.
(30) AMY VAN NESS	1.00						-	.		
DIRECTOR (UNTIL Q4 2021)	1.00	x						0.	0.	0.
(31) ZACHARY WHITE	1.00		-						0.	
DIRECTOR	<u> </u>	x						0.	0.	0.
(32) GLENN WILLOCKS	1.00							Ŭ		
DIRECTOR	1.00	x						0.	0.	0.
			 							
		-								
Total to Part VII, Section A, line 1c										

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		(2021) WORKNET PINELI	LAS INC.			73-1678	180 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line			(
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
, Gr	c	Fundraising events					
ar A	c	Related organizations 1d					
s, G	e	Government grants (contributions)	501,208.				
tion r Si	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f					
ontr od C	ę						
a Č	ł	Total. Add lines 1a-1f		7,501,208.			
		TICKET TO WORK	Business Code 561300	82,552.	82,552.		
/ice	28		561300	1,000.	1,000.		
Serv			501500	1,000.	1,000.		
sm (
Program Service Revenue	e						
Pro	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	►	83,552.			
	3	Investment income (including dividends, interes					
		other similar amounts)		7,772.	7,772.		
	4	Income from investment of tax-exempt bond pr	1				
	5	Royalties	(ii) Personal				
			(II) Personal				
	o a k	Gross rents Ga Ga Gb					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
venue		and sales expenses 7b					
ever		Gain or (loss) 7c					
r Re		Net gain or (loss)	▶				
Other Re	8 8	Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	Ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	►				
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
		D Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
	10 a	Gross sales of inventory, less returns					
	.	and allowances 10a					
		Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory	Business Code				
sne	11 a	MISCELLANEOUS REVENUE	900099	4,788.	4,788.		
nec	t			_,			
ella	c						
Miscellaneous Revenue	c	All other revenue					
2	e	Total. Add lines 11a-11d		4,788.			
	12	Total revenue. See instructions	►	7,597,320.	96,112.	0.	0.
13200	9 12-0	<i>}-</i> 21					Form 990 (2021)

WORKNET PINELLAS INC. Part IX Statement of Functional Expenses

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

Do i	Check if Schedule O contains a respons	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	452,305.	452,305.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	334,012.		334,012.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,293,794.	2,071,606.	222,188.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	114,144.	113,989.	155.	
9	Other employee benefits	507,766.	505,997.	1,769.	
0	Payroll taxes	239,296.	199,787.	39,509.	
1	Fees for services (nonemployees):				
а	Management				
	Legal	147,262.		147,262.	
	Accounting	45,943.		45,943.	
	Lobbying	35,245.		35,245.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	134,290.	89,780.	44,510.	
2	Advertising and promotion	37,078.	36,786.	292.	
3	Office expenses	68,618.	59,976.	8,642.	
4	Information technology	710,867.	655,670.	55,197.	
5	Royalties	,			
16	Occupancy	377,040.	337,424.	39,616.	
7		20,284.	16,535.	3,749.	
8	Travel Payments of travel or entertainment expenses	20,2010		0,1100	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,680.	5,855.	1,825.	
	· · · · · · · · · · · · · · · · · · ·	7,000.	5,055.	1,023.	
20 21	Interest				
2	Payments to affiliates Depreciation, depletion, and amortization	22,769.	4,615.	18,154.	
		103,323.	74,013.	29,256.	
3	Other expenses. Itemize expenses not covered	103,323.	/=,00/•	27,230.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.) NON-PROGRAM EXPENSES	1,862,990.		1,862,990.	
a	CUSTOMER TRAINING	1,796,882.	1,787,282.	9,600.	
a	COMMUNICATIONS	91,746.	83,285.	8,461.	
C	STAFF TRAINING/ED	48,446.	42,600.	5,846.	
d		<u>48,440.</u> 79,511.		15,479.	
	All other expenses		64,032.		
5	Total functional expenses. Add lines 1 through 24e	9,531,291.	6,601,591.	2,929,700.	0
6	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)				Form 990 (20)

2021.05030 WORKNET PINELLAS INC.

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Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

3,158,550.

3,158,550.

4,119,830.

27

28

29

30

31

32

33

Cash - non-interest-bearing Carrie as and tomporany cash invostments

	2	Savings and temporary cash investments			178,078.	2	178,579.
	2				100,846.	2	366,644.
	-	Pledges and grants receivable, net			32,591.	3 4	3,025.
	4	Accounts receivable, net		52,591.	4	5,025.	
	5	Loans and other receivables from any current or	, ,				
		trustee, key employee, creator or founder, subst			_		
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ŝts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	40.070
∢	9	Prepaid expenses and deferred charges			75,016.	9	49,373.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	245,960.			
	b	Less: accumulated depreciation		237,106.	31,623.	10c	8,854.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		4,119,830.	16	1,995,144.
	17	Accounts payable and accrued expenses			822,856.	17	633,551.
	18	Grants payable				18	
	19	Deferred revenue			138,424.	19	137,014.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
s	22	Loans and other payables to any current or form	ner officer	, director,			
itie		trustee, key employee, creator or founder, subs	tantial cor	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	se person	s		22	
Ľ	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			961,280.	26	770,565.
		Organizations that follow FASB ASC 958, che					

(B) End of year

1,388,669.

1,224,579.

1,224,579.

1,995,144.

Form 990 (2021)

(A) Beginning of year

3,701,676.

1

Form 990 (2021)

1

WORKNET PINELLAS INC.

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

Form	1990 (2021) WORKNET PINELLAS INC.	73-	1678180	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,597	7,32	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,531	.,2	<u>91.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,933	3,9'	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,158	3,5	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,224	!, 5'	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it 📔		
	Act and OMB Circular A-133?		За	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization				identification number									
WORKNET PIN				3-1678180									
Part I Reason for Public Charity Sta	tus. (All organizations must cor	nplete this part.) See ins	structions.										
The organization is not a private foundation because	e it is: (For lines 1 through 12, che	ck only one box.)											
1 A church, convention of churches, or ass	ociation of churches described ir	1 section 170(b)(1)(A)(i).										
2 A school described in section 170(b)(1)	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3 A hospital or a cooperative hospital servi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4 A medical research organization operated	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:	city, and state:												
5 An organization operated for the benefit	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	section 170(b)(1)(A)(iv). (Complete Part II.)												
6 A federal, state, or local government or g	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
section 170(b)(1)(A)(vi). (Complete Part													
8 A community trust described in section		.)											
9 An agricultural research organization des			n with a land-grant	college									
or university or a non-land-grant college of			-	-									
university:	5	, , ,	5										
10 An organization that normally receives (1)	more than 33 1/3% of its support	t from contributions. m	embership fees, and	d aross receipts from									
activities related to its exempt functions,				•									
income and unrelated business taxable in				-									
See section 509(a)(2). (Complete Part III		·····	,	,									
11 An organization organized and operated		v. See section 509(a)	4).										
12 An organization organized and operated	•	•	-	purposes of one or									
more publicly supported organizations de													
lines 12a through 12d that describes the													
a Type I. A supporting organization oper		-		aivina									
the supported organization(s) the power													
organization. You must complete Par	• • •			pportang									
b Type II. A supporting organization sup		n with its supported orc	anization(s) by hav	ina									
control or management of the supporti				-									
organization(s). You must complete P			or manage the supp										
c Type III functionally integrated. A sup		connection with and fu	inctionally integrate	d with									
its supported organization(s) (see instru				a with,									
d Type III non-functionally integrated.				ration(s)									
that is not functionally integrated. The													
requirement (see instructions). You mu				01000									
e Check this box if the organization recei			I Type II Type III										
functionally integrated, or Type III non-1		• •	, i, i ype ii, i ype ii										
f Enter the number of supported organizations	unctionally integrated supporting	organization.											
g Provide the following information about the su	norted organization(s)												
(i) Name of supported (ii) EIN	(iii) Type of organization	(iv) Is the organization listed (v) A	Amount of monetary	(vi) Amount of other									
organization	(described on lines 1-10 above (see instructions))	Yes No supp	ort (see instructions)	support (see instructions)									
Total													

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>12530987.</u>	9192254.	9441414.	8302926.	7501208.	46968789.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	12530987.	9192254.	9441414.	8302926.	7501208.	46968789.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						46968789.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	12530987.	9192254.	9441414.	8302926.	7501208.	46968789.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,289.	1,686.	19,106.	14,090.	7,772.	43,943.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,125.	184,944.	120,144.	118,778.	88,340.	521,331.
11	Total support. Add lines 7 through 10						47534063.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, t	fourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and sto					<u></u>	
See	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2021 (line 6, column (f), d	ivided by line 11, o	olumn (f))		14	98.81 %
	Public support percentage from 2020	,	,			15	99.08 %
16 a	33 1/3% support test - 2021. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua		0				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

Schedule A				PINELLAS		
Part III	Support	Schedule	for Organization	ons Described	in Section	509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						_
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•			nization,
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17 18	<u>%</u>
	Investment income percentage from 33 1/3% support tests - 2021. If the			on line 14 and line			
130	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2020. If the	-	•		•••••		······································
'n	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-04-22						dule A (Form 990) 2021
			17	1		20.00	

2021.05030 WORKNET PINELLAS INC.

1

2

Yes No

Part IV Supporting Organizations

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

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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

18

132024 01-04-21

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

2021.05030 WORKNET PINELLAS INC.

chedule A (Form 990) 2021	WORKNET	PINELLAS
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Part IV Supporting Organizations (continued)

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

INC.

	directors, or trustees at an times during the tax years in No, describe in that throw the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Se	ction C. Type II Supporting Organizations		
		Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
			1

of this tees of each of the organization's supported organization(s)? If "No," describe in Fait VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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69278.Т1

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
_4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
			· · - · · · ·				

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

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

WORKNET	PINELLAS	INC.
tionally Integra	ated 509(a)(3)	Supporting

Sche	dule A (Form 990) 2021 WORKNET PINEL			7	3-1678180 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	r		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

21

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS	
2017 AMOUNT: \$	9,125.
2020 AMOUNT: \$	691.
2021 AMOUNT: \$	263.
TICKET TO WORK	
2018 AMOUNT: \$	62,982.
2019 AMOUNT: \$	99,153.
2020 AMOUNT: \$	109,259.
2021 AMOUNT: \$	82,552.
SPONSORSHIPS	
2018 AMOUNT: \$	23,915.
2019 AMOUNT: \$	4,466.
2021 AMOUNT: \$	2,000.
OTHER PROGRAM SI	ERVICE REVENUE
2018 AMOUNT: \$	98,047.
2019 AMOUNT: \$	16,525.
2020 AMOUNT: \$	1,290.
TABACCO FREE FLO	ORIDA REVENUE
2020 AMOUNT: \$	7,538.
2021 AMOUNT: \$	3,525.

132028 01-04-22

SCHEDULE C Political Campaign and Lobbying Activities						
(Form 990)		anizations Exempt From Income	_	-	2021	
		if the organization is described				
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for i			CZ. Open to Public Inspection	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lind	e 46 (Political Campaign	Activities), then	
-		plete Parts I-A and B. Do not com				
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part I-B.		
 Section 527 organization 	ations: Complete	Part I-A only.				
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activities	s), then	
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election und	er section 501(h)): Co	mplete Part II-A. Do not co	omplete Part II-B.	
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. Do i	not complete Part II-A.	
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 990	-EZ, Part V, line 35c (Proxy	
Tax) (See separate inst						
	, or (6) organizat	ions: Complete Part III.				
Name of organization				Em	ployer identification number	
		PINELLAS INC.	504 (a)		73-1678180	
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	or is a section 527 o	rganization.	
		ation's direct and indirect political				
2 Political campaign	, ,			▶	\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ata if the ora	anization is exempt under	section 501(c)(3	1		
-				-	<u>۴</u>	
		incurred by the organization under			\$	
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
b If "Yes," describe in					Yes No	
		anization is exempt under	section 501(c).	except section 501(c)(3).	
-		by the filing organization for section			\$	
		ization's funds contributed to othe			Ψ	
exempt function ac					\$	
•		. Add lines 1 and 2. Enter here and		·····	Ψ	
	-			►	\$	
		1120-POL for this year?				
		ployer identification number (EIN)				
		tion listed, enter the amount paid f				
contributions receiv	ed that were pro	omptly and directly delivered to a s	eparate political organ	nization, such as a separa	te segregated fund or a	
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part I	V.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	WORKNE	T PIN	ELLAS INC.			<u>1678180</u>	
Part II-A Complete if the org	janizatior	is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under	•
section 501(h)).							
	•		• • •	n Part IV each affiliated	group member's nam	ie, address, EIN	,
expenses, and sha			• •				
B Check ► if the filing organiza	ation checke	d box A ar	d "limited control" pr	ovisions apply.	<u> </u>		
Limi	ts on Lobby	/ing Exper	nditures		(a) Filing organization's	(b) Affiliated totals	group
(The term "expend	ditures" me	ans amou	nts paid or incurred.)	totals	totalo	
1.0 Total labbuing expanditures to influ	uanaa publik		recorecte lebbying)				
1a Total lobbying expenditures to influeb Total lobbying expenditures to influe	-						
T () () () () () () () () () (
 d Other exempt purpose expenditures 							
e Total exempt purpose expenditure				r			
f_Lobbying nontaxable amount. Ente							
If the amount on line 1e, column (a) of			bying nontaxable am				
Not over \$500,000			he amount on line 1e				
Over \$500,000 but not over \$1,000	0,000		0 plus 15% of the exc				
Over \$1,000,000 but not over \$1,5		\$175,00	0 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable amount (en	nter 25% of l	ine 1f)					
h Subtract line 1g from line 1a. If zer	o or less, en	ter -0					
i Subtract line 1f from line 1c. If zero	o or less, en	ter -0					
j If there is an amount other than ze	ro on either	line 1h or l	ine 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this	year?					Yes	No
			raging Period Under	• •		_	
(Some organizations t			01(h) election do not ate instructions for li		t the five columns b	elow.	
		•	ditures During 4-Ye				
Calendar year	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Tota	l
(or fiscal year beginning in)	(,		(-)	(-)	()	(-)	
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures					0-1	ule C (Form 99	0) 000 4
					Sched	1112 C. 1FOrm 99	いっていてき

Schedule C (Form 990) 2021

132042 11-03-21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(k)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X	25	245
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	v	30	5,245.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X X		
i Other activities?		Δ	3 5	,245.
 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 		х	5.	0,243.
 b If "Yes," enter the amount of any tax incurred under section 4912 		<u></u>		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	ō), or sec		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
answered "Yes."				
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi 		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	Cal			
a Current year		2a		
b Carryover from last year				
c Total				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
AN OUTSIDE FIRM WAS HIRED TO ASSIST ORGANIZATION NAVIO	SATE TH	IROUGH		
FLORIDA LEGISLATION IMPACTING WORKFORCE-RELATED PROGRA	MS AND	SERV	ICES,	
READ THROUGH EACH BILL TO HIGHLIGHT AREAS OF CONCERN,	AND ME	ET WI	гн	
·				
LEGISLATORS AND STAFF TO REPRESENT WORKNET PINELLAS.				

132043 11-03-21

Schedule C (Form 990) 2021

80		Supplementa	al Financial	St	atements		OMB No. 1545-0047	
	HEDULE D n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered , 11a, 11b, 11c, 11d	"Yes , 11e	s" on Form 990,		2021	
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990 90 for instructions a		he latest information.		Open to Public Inspection	
	e of the organizat					Emp	oloyer identification number	er
	-	WORKNET PINELLAS II					73-1678180	
Pa		ations Maintaining Donor Advise		er Si	milar Funds or Ac	coun	ts. Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin						
			(a) Donor ac	lvised	d funds	b) Fun	ds and other accounts	
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4 5		at end of year on inform all donors and donor advisors in v			d in denor advised fund			
5	-	on's property, subject to the organization's	-				Yes N	lo
6		on inform all grantees, donors, and donor a						
•	0	poses and not for the benefit of the donor o	Ũ	0		,		
	impermissible priv			-		Ũ		lo
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, Part IV,	line 7.		
1	Purpose(s) of con	servation easements held by the organization	on (check all that app	oly).				
	Preservatio	n of land for public use (for example, recrea	tion or education)		Preservation of a histo	orically	important land area	
	Protection of	of natural habitat			Preservation of a certi	fied his	storic structure	
		n of open space						
2	•	a through 2d if the organization held a qualif	ied conservation cor	ntribu	ition in the form of a co	nservat		
-	day of the tax yea					0.0	Held at the End of the Tax Ye	<u>a</u> 1
a b		onservation easements				2a 2b		
u C	•	rvation easements on a certified historic stru				20 20		
u d		rvation easements included in (c) acquired a				20		
-		nal Register				2d		
3		rvation easements modified, transferred, rel				zation	during the tax	
	year 🕨							
4		where property subject to conservation eas						
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, ins	pecti	on, handling of			
	,	forcement of the conservation easements it					<u> </u>	lo
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	s, and	d enforcing conservatio	n ease	ments during the year	
7		 ses incurred in monitoring, inspecting, hanc	lling of violations and	d onf	orcina conservation ea	omont	s during the year	
'	► \$	ses incurred in monitoring, inspecting, nanc	ining of violations, and		ording conservation ea	Semen	s during the year	
8		rvation easement reported on line 2(d) abov	e satisfy the requirer	nents	s of section 170(h)(4)(B)	(i)		
	and section 170(h						Yes 🗌 N	lo
9	In Part XIII, descri	be how the organization reports conservation	on easements in its r	even	ue and expense statem	ent and	d	
	balance sheet, an	d include, if applicable, the text of the footr	ote to the organizati	on's i	financial statements that	at desc	ribes the	
De		counting for conservation easements.	Art Listoriaal'	Troo	auraa ar Othar S		Acceto	
Pa		ations Maintaining Collections of		rrea	isures, or Other 5	imia	Assels.	
		if the organization answered "Yes" on Form		****	nue statement and hale	noo ok		
ia	0	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put	, ,					
		Part XIII the text of the footnote to its finar						
b		elected, as permitted under FASB ASC 95				sheet	works of	
	-	sures, or other similar assets held for public						
		ring amounts relating to these items:	,				,	
	-	uded on Form 990, Part VIII, line 1					\$	
							\$	
2	If the organization	received or held works of art, historical treat	asures, or other simil	ar as	sets for financial gain, p	provide		
	the following amo	unts required to be reported under FASB A	SC 958 relating to th	nese i	items:			

LHA	For I	Paperwork Re	eduction Act Notice, see the Instructions for Form 990.						
13205	51 10-28	-21							
				2	6				
16140	124	136042	69278.т0	2021	.05030	WORKNET	PINELLAS	INC.	

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

▶ \$

▶ \$

Sche		PINELLAS I					1	73-16	7818) Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Similaı	r Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	י 🛄 נ	_oan or exc	hange progra	ım					
b	Scholarly research	e	. 🗌 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of					r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7.,		
	Did the organization include an amount on F						ity?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						10				<u> </u>
		(a) Current year		rior year	(c) Two year			ears hack	(e) Fou	vears	hack
10	Reginning of year balance	(u) ourrent your	(8)11	nor your		o buok	(d) 11100 y		(0) 1 00	youro	buok
	Beginning of year balance										
b	Contributions										
с А	Grants or scholarships										
	Other expenditures for facilities										
e	-										
f	and programs Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the curr	rent year and balance	l a (lina 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%	, column (a	<i>))</i> 11010 83.						
	Permanent endowment										
		%									
•	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	-	ation that	are held ar	nd administer	ed for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	ed	(d) Boo	k value	Э
1a	Land										
b	Buildings										
с	Leasehold improvements				7,859.		67,8				0.
	Equipment				0,698.		121,84			8,8	
	Other			4	7,403.		47,40	03.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	<u>n (B), line 1</u>	0c.)					8,8!	54.
								<u> </u>			

Schedule D (Form 990) 2021

Dort VII	Invootmonto	Othor Coouritie	20	
Schedule D	(Form 990) 2021	WORKNET	PINELLAS	INC

(a) Description of security or category (including nan		11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
		Cymourod or faladion. Cool or ond or year market value
Closely held equity interests		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B)) line 12)	
Part VIII Investments - Program R	elated.	
	vered "Yes" on Form 990, Part IV, line	11c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	\ line 12 \	
otal. (Col. (b) must equal Form 990, Part X, col. (B)) line 13.) 🕨	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.		11d. See Form 990. Part X. line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets.	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ		11d. See Form 990, Part X, line 15. (b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3)	vered "Yes" on Form 990, Part IV, line	
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5)	vered "Yes" on Form 990, Part IV, line	
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8)	vered "Yes" on Form 990, Part IV, line	
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9)	vered "Yes" on Form 990, Part IV, line (a) Description	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X)	vered "Yes" on Form 990, Part IV, line (a) Description	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X Other Liabilities.	vered "Yes" on Form 990, Part IV, line (a) Description (a) Description	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answ	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answ (a) Description of lia	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answ (a) Description of lia (1) Federal income taxes (2)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X) Other Liabilities. Complete if the organization answ (1) Federal income taxes (2) (3)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. Complete if the organization answ . (a) Description of lia (1) Federal income taxes (2) (3) (4) (4)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. Complete if the organization answ . (1) (2) (3) (4) (5) (3) (4) (5)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. Complete if the organization answ . (1) Federal income taxes (2) (3) (4) (5) (6)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X) Other Liabilities. Complete if the organization answ . (a) Description of lia (1) Federal income taxes (2) (3) (4) (5) (6) (7)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X) Part X Other Liabilities. Complete if the organization answ . (a) Description of lia (1) Federal income taxes (2) (3) (4) (5) (6)	vered "Yes" on Form 990, Part IV, line (a) Description (, col. (B) line 15.)	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	edule D (Form 990) 2021 WORKNET PINELLAS INC.		73-1	678180 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	I2a.		
1	Total revenue, gains, and other support per audited financial statements			7,597,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			7,597,320.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			7,597,320.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	-	ises per Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total expenses and losses per audited financial statements		1	9,531,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			J, JJI, ZJI•
а		1 1		<u> </u>
	Donated services and use of facilities	2a		<u> </u>
b	Donated services and use of facilities Prior year adjustments			<u> </u>
b c		2b		<u> </u>
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		<u> </u>
c d	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		0.
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		0. 9,531,291.
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		0.
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 2d		0.
с d е 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 2d		0.
c d 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 2d 4a 4b	3 	0. 9,531,291. 0.
c d 3 4 a 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d 4a 4b	3 	0.

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, LINE 2:

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS

BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED JUNE 30, 2019, AND PRIOR.

132054 10-28-21

SCHEDULE I (Form 990) Department of the Treasury									
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo	r the latest inform	nation.		Inspection		
Name of the organization WORKNET P	INELLAS I	NC.					Employer identification number $73 - 1678180$		
Part I General Information on Grants a	nd Assistance								
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?	toring the use of grant	funds in the United	States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
PINELLAS EDUCATION FOUNDATION 12090 STAARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	415,005.	0.			FEDERAL GRANT SUBRECIPIENT EMPLOYMENT TRAINING.		
THE KAISER GROUP (DE), LLC DBA DYNAMIC – 237 SOUTH STREET – WAUKESHA, WI 53186	39-1354364		37,300.	0.			FEDERAL GRANT SUBRECIPIENT EMPLOYMENT TRAINING.		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	•	•	l e line 1 table				↓ <u>1.</u> 1.		

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132102 10-26-21

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.

WORKNET PINELLAS INC.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

Schedule I (Form 990) 2021

THE ORGANIZATION HAS ENGAGED PROFESSIONAL CONTRACTORS TO MONITOR THE

ORGANIZATION RECEIVING GRANT FUNDS.

SCHEDULE J		Compensation Information		OMB No. 1545-0047			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		ZU		1	
Dono	tment of the Treasury		Open to	Publ	ic		
	al Revenue Service		Inspe	ction			
Nan	ne of the organizatio	n		identificatio		nber	
		WORKNET PINELLAS INC.	73-	167818	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on For	n 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o		onal use				
	Travel for com						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
-		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
~	la dia statu dai she 16 su		1-				
3	,	ny, of the following the organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
			o o m mitto o				
		ther organizations X 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 re						
а	-			4a	Х		
b						x	
c	-					x	
c Participate in or receive payment from an equity-based compensation arrangement? 4 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	contingent on the r						
а	The organization?			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion				
	contingent on the r	net earnings of:					
а	The organization?			<u>6a</u>		X	
b		ation?				X	
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the				
			ng payment or to explain1b1by all directors, line 1a?11it he organization's n related organization to 				
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2021	

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Schedule J (Form 990) 2021

73-1678180

Page 2

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER BRACKNEY	(i)	188,584.	9,315.	27,078.	11,249.	0.	236,226.	0.
CEO (UNTIL 2/11/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN MEIER	(i)	134,330.	0.	17,628.	7,638.	0.	159,596.	0.
INTERIM CEO & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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.

PART I, LINE 4A:

PER TERMS OF SEVERANCE AGREEMENT WITH MS. JENNIFER BRACKNEY, FORMER CEO,

MS. BRACKNEY RECEIVED 6 WEEKS OF HER BASE SALARY WHICH WAS \$21,747.14. IN

ADDITION, MS. BRACKNEY WAS PAID FOR HER ACCRUED AND UNUSED PTO WHICH WAS

\$31,651.16.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 73-1678180

WORKNET PINELLAS INC.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT

ACCOUNTING FIRM. THE FORM AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE ORGANIZATION'S FINANCE STAFF. THE REVIEWED FORM AND ACCOMPANYING SCHEDULES ARE PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. ALL ISSUES AND QUESTIONS ARE RESOLVED WITH THE INDEPENDENT ACCOUTNING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE CENTER.

FORM 990, PART VI, SECTION B, LINE 12C:

INTERNALLY, IT IS THE RESPONSIBILITY OF SENIOR MANAGEMENT TO REVIEW THE AGENDAS AND IDENTIFY ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO THE BOARD MEETINGS. THE ATTORNEY ATTENDS THE BOARD MEETINGS AND MONITORS RELATED PARTY TRANSACTIONS. BOARD MEMBERS ARE RESPONSIBLE FOR DISCLOSING ANY RELATED PARTY INTEREST AND ANNUALLY SIGN CONFLICT OF INTEREST FORMS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DETERMINES COMPENSATION OF THE PRESIDENT AND CEO AND OTHER EMPLOYEES OF THE ORGANIZATION BY UTILIZING A THIRD PARTY REPORT THAT COMPARES SALARY RANGES OF ALL COMPARABLE AGENCIES IN FLORIDA. AN EVALUATION PROCEDURE IS UTILIZED TO DETERMINE THE AMOUNT OF ANY SALARY INCREASES. THE SALARY INCREASES ARE RECOMMENDED BY THE COMPENSATION COMMITTEE AND/OR THE AD HOC CEO REVIEW COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 11-11-21

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