#### **PUBLIC DISCLOSURE COPY**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023					
	Check if applicable	C Name of organization	D Employer identif					
	Addres							
	Change Name	CAREER COURCE DINELLAC	73-1678180					
	change Initial	T						
	return Final return/	13805 58TH STREET N SUITE 2-140	uite <b>E</b> Telephone numbe 727 – 608 –	1709				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,370,623.				
	Amend return	CLEARWATER, FL 33760	H(a) Is this a group r	eturn				
	Application	F Name and address of principal officer: DIEVEN MEIER	for subordinates	s? Yes X No				
	pendin	H(b) Are all subordinates i	ncluded? Yes No					
<u>1</u>	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	527 If "No," attach a	a list. See instructions				
J	Websit	e: WWW.CAREERSOURCEPINELLAS.COM	H(c) Group exemption	on number				
K	Form of	organization: X Corporation Trust Association Other L Y	ear of formation: 2001 I	<b>M</b> State of legal domicile; $\mathbf{FL}$				
P	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO BUILD	THE TALENT P	IPELINE FOR				
JCe		TODAY & THE FUTURE BY PROVIDING EASY ACCESS T						
rna	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.				
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)	3					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		25				
Š	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		74				
/itie	6	Total number of volunteers (estimate if necessary)		33				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11						
0			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	7,501,208.	9,221,292.				
Ž	9	Program service revenue (Part VIII, line 2g)	83,552.	108,820.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,772.	36,550.				
ď	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,788.	3,961.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,597,320.	9,370,623.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,305.	373,521.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
G	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,489,012.	4,423,937.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Del	b	Total fundraising expenses (Part IX, column (D), line 25)						
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,589,974.	4,551,087.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,531,291.					
	19	Revenue less expenses. Subtract line 18 from line 12	-1,933,971.	22,078.				
20	í		<b>Beginning of Current Year</b>	End of Year				
sets	20	Total assets (Part X, line 16)	1,995,144.	2,459,675.				
ASS	21	Total liabilities (Part X, line 26)	770,565.	1,213,018.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	1,224,579.	1,246,657.				
P	art II	Signature Block						
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	y knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.					
Sig	n	Signature of officer	Date					
He	re	STEVEN MEIER, CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	d	STACEY T KOLKA Stacey T. Kolka	3/29/24 if self-emplo	yed P01371120				
Pre	parer	Firm's name THOMAS HOWELL FERGUSON P.A.		9-3186310				
Use Only Firm's address 2615 CENTENNIAL BLVD., SUITE 200								
_		TALLAHASSEE, FL 32308	Phone no. 85	0-668-8100				
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		X Yes No				

	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF CAREERSOURCE PINELLAS IS TO BUILD THE TALENT PIPELINE
	FOR TODAY AND THE FUTURE BY PROVIDING EASY ACCESS TO WORKFORCE
	SOLUTIONS.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.  (Code:) (Expenses \$4,850,245. including grants of \$331,433. ) (Revenue \$\$
4a	(Code:) (Expenses \$4,85U,245. including grants of \$311,433. ) (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.
4b	(Code:) (Expenses \$2,011,491. including grants of \$13,090. ) (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
	TRAINING, JOB PREPARATION AND WORK.
4c	(Code:) (Expenses \$1, 136, 818. including grants of \$ 22, 883. ) (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
	COMPENSATION CLAIMANTS.
	<del></del>
	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 431,500 • including grants of \$ 6,115 • ) (Revenue \$ 149,331 • )
40	Total program convice expenses 8 430 054.

### 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	X	
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		Х
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		х
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,	_		<del></del>
•	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? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		1
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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		<u> </u>
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		X
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		Х
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		Х
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		х
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			T -
	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,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2022) WORKNET PINELLAS I
Part IV Checklist of Required Schedules (continued)

			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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<b>——</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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			37
	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> "Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
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			l
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
5	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?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
-	Check if Schedule O contains a response or note to any line in this Part V			NI -
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	х	
232004	1 12-13-22	Form	990 (	(2022)

022) WORKNET PINELLAS INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a T44  b If at least one is reported on Inion 2a, did the organization file all required federal employment tax returns?  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  b If "Yes," has it filed a form 980°. To this year? If NO° to line 30, provide an explanation on Schrodule 0  5a A lary time during the calendary vary, did the organization have amendative or with a file organization have amendative human services. The services are considered and school of the services o				Yes	No					
b If a least one is reported on line 2a, did the organization file a united business gross income of \$1,000 or more during the year?  3	2a									
3a Dtd the organization have unrelated business gross income of \$1,000 or more outring the year?  b If Yes, 'has it filled a Form 990-T for this year?' it 'No' to fine 3b, provide an explanation or Schedule 0  3b At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country (such as a bank account, accurities account, or other financial account;?)  See instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization on aprix to a prohibited tax shelter fransaction at any time during the tax year?  5b Id Any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not ack deductible as charitable contributions?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the variest exclude the party of the organization include with every solicitation an express statement that such contributions or gffs were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 'indict the organization include with every solicitation an express statement that such contributions or gffs were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes, 'indict the majorization include with every solicitation and party for goods and services provided to the payor.  7a X  7b If Yes, 'indicate the number of Forms 82828 filed during the year  7 Use of the organization entire a payor that was a file and payor that the surface of the solicitations and payor or every file with organization file a Form 1086 C?  8 Sponsoring organization received a contribution or indirectl		filed for the calendar year ending with or within the year covered by this return								
b If "Yes," has it flield a Form 990-T for this year? If "No' to fine 3b, provide an explanation on Schedule O A any time during the caendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  See instructions for flining requirements for FincEIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Sa Das the organization aparty to a prohibited fact where the shelt is the same of the organization file form 8886-77  Sa Des the organization are unall gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  Sh If "Yes," of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  Portion of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  Portion of the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible?  Portion of the organization include with every solicitation an expose statement that such contributions or gifts were not tax deductible?  Bi If "Yes," clid the organization inclut the done not the value of the goods or services provided?  Bi If "Yes," indicate the number of Forms 2922 filed during the year of the value of the goods or services provided?  To Catalogue and the provided of the services of the value of the goods or services provided?  To Did the organization received a contribution of the value of the goods or services provided?  To Did the organization received a contribution of the value of the goods or services provided?  If the organization received a contribution of the value of the goods of the service	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b if "Yes", enter the name of the foreign country  See instructions for thing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization the fire FincEN Form 1141, Report of Foreign Bank and Financial Accounts (FBAR).  5c If "Yes" to line Sa or 55, did the organization the organization the fire Fine 888817.  5c If "Yes" are fire the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitables contribution and partly for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d Bid the organization receive a payment in excess of \$75 and epartly as a contribution of any analytic for goods and services provided?  7c Organizations that may receive deductible contributions of under the services provided?  7d Id the organization received a contribution of quality of the organization received and payment in excess of \$75 and epartly as a contribution of quality of the organization received and payment in excess of \$75 and epartly as a contribution of quality of the organization received and payment in excess of \$75 and partly as a contribution of care of the value of the section \$75 and \$7			3a		X					
trancial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5b Did any taxable party notify the organization file form 888617  6 If "Yes" to line Sa or Sb, did the organization file Form 888617  6 If "Yes" to line Sa or Sb, did the organization file Form 888617  6 If "Yes" to line Sa or Sb, did the organization file form 888617  6 If "Yes" to line Sa or Sb, did the organization file form 888617  6 If "Yes" to line Sa or Sb, did the organization file form 888617  6 If "Yes" to line Sa or Sb, did the organization file form 888617  6 If "Yes" to line Sa or Sb, did the organization file form 888617  6 If "Yes" to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible as charitable contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  7 Did the organization receive application of the value of the goods or services provided?  7 Did the organization section and the service dispose of tangible personal property for which it was required to line Form 8282? Red during the year  8 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization received a contribution of qualified Intellectual property, did the organization file Form 8898 are required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization is a Fore Fore State of the sponsoring organization make a distribution to a donor, donor advised funds.  2 Did the sponsoring organization make a distribution to a donor, donor advised			3b							
b II "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year?  5b II "Yes" to line Saor 5b, did the organization file from 88967.  6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of sarhafable contributions?  6a II "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a sharifable contributions under section 170(c).  6b II "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  8d Bit the organization receive a gymmetric necess of \$15 make partly as a centre full to a partly for goods and services provided to the payor?  7c II "Yes," indicate the number of forms 8892 fleed during the year  1 Test II "Yes," indicate the number of Forms 8892 fleed during the year  1 Did the organization received a contribution of qualified intellectual property (in the organization flee as a flee of the payor) and the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization flee a flee or orthorous of the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization flee a flee or orthorous of the sponsoring organization make a distribution of any shore of the sponsoring organization makes and starbution to a denor, donor advisor, or related person?  9 Sponsoring organization makes and starbution to a denor, donor advisor, or related person?  9 Section 501(c)(12) qualifications. Enter:  1 In the organization received a contribution to express the organization include	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
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WORKNET PINELLAS INC. 73-1678180 Form 990 (2022) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 25 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\,\,\,\,\,\,FL$ 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) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request \_\_\_ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

THE ORGANIZATION - 727-628-1709

13805 58TH ST. N., SUITE 2-140, CLEARWATER

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)  Name and title	(B) Average hours per	(do box,	not c	Posi heck i	ition		one n an	(D)  Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) STEVEN MEIER	50.00							145 200		<b>-</b> 266
CFO & INTERIM CEO	1 00			Х		_		147,320.	0.	7,366.
(2) IVONNE ALVAREZ	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(3) ANGELA BARTON DIRECTOR	1.00	х						0.	0.	0.
(4) BELINTHIA BERRY	1.00									
DIRECTOR		X						0.	0.	0.
(5) LISA CANE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BART DIEBOLD	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CANDIDA DUFF	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CELESTE FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID FETKENHER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) RENE FLOWERS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) JACK GELLER	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) BARCLAY HARLESS	1.00								_	
TREASURER		Х		Х				0.	0.	0.
(13) WILLIAM HOLLAND	1.00	l								
DIRECTOR		Х						0.	0.	0.
(14) JOHN HOWELL	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(15) MARK HUNT	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(16) MICHAEL JALAZO	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(17) KEVIN KNUTSON	1.00	٠,							_	_
DIRECTOR		X			<u> </u>		<u> </u>	0.	0.	0.

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73-1678180

Part VIII Section A Officers Directors Trustoes Key Employees and Highest Compensated Employees (Aparticus III)										
Section A. Onicers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Continued)										
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average		Position (do not check more than one			than o		Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	(list any		T		10010	17.11.43	loo,	from	from related	other
	hours for	irecto						the	organizations	compensation
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ustee	trust		96	ubeus		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		yoldı	yee y	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) ESTHER MATTHEWS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) SHAWN MCDONNELL	1.00									
DIRECTOR		Х						0.	0.	0.
(20) REBECCA SARLO	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PATRICIA SAWYER	1.00									
DIRECTOR		Х						0.	0.	0.
(22) ELIZABETH SIPLIN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(23) SCOTT THOMAS	1.00									
CHAIR		Х		Х				0.	0.	0.
(24) ZACHARY WHITE	1.00									
DIRECTOR		Х						0.	0.	0.
(25) KENNETH WILLIAMS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(26) GLENN WILLOCKS	1.00							_	_	_
DIRECTOR								0.	0.	0.
1b Subtotal 147,320. 0. 7,366.										
c Total from continuation sheets to Part VII, Section A 0. 0.								0.		
d Total (add lines 1b and 1c)								147,320.	0.	7,366.
2. Total number of individuals (including but not limited to those lighted shows) who received more than \$100,000 of reportable										

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MANPOWER	THIRD PARTY EMPLOYER	
21271 NETWORK PL. , CHICAGO , IL 60673	OF RECORD	412,299.
LINK TECHNOLOGY SERVICES		
11284 CALLISIA DR. , ODESSA , FL 33556	IT SERVICE PROVIDER	273,707.
NEW HORIZON COMPUTER LEARNING CENTER ,		
5402 W. LAUREL ST., STE. 200 , TAMPA, FL	TRAINING PROVIDER	207,770.
GALEN COLLEGE OF NURSING, 11101 ROOSEVELT		
BLVD. N., STE. 201, ST. PETERSBURG, FL	TRAINING PROVIDER	182,620.
NATIONAL AVIATION ACADEMY		
6225 ULMERTON RD. , CLEARWATER , FL 33760	TRAINING PROVIDER	166,031.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	
\$100,000 of compensation from the organization 9		
		- 000

Form 990 (2022) WORKNET
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts nts		a Federated campaigns 1a					
ira oui		b Membership dues 1b					
s, C		c Fundraising events 1c					
ij a		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e 9, 2	221,292.				
Sign	1	f All other contributions, gifts, grants, and					
bel		similar amounts not included above 1f					
를		g Noncash contributions included in lines 1a-1f					
Š		h Total. Add lines 1a-1f		9,221,292.			
	Busines			, , -			
	•	a TICKET TO WORK	561300	108,820.	108,820.		
/ice			301300	100,020.	100,020.		
Program Service Revenue		b					
n S		<u> </u>					
rar 3ev	•	d					
og F	•	e					
<u>-</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f		108,820.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		36,550.			36,550.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		' "					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
her Revenue		and sales expenses					
Ver		c Gain or (loss) <b>7c</b>					
Re		d Net gain or (loss)					
Jer	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
$\rightarrow$		c Net income or (loss) from sales of inventory					
g		<u> </u>	Business Code	2 2 5 5	2 2 2 2		
o on	11	a MISCELLANEOUS REVENUE	900099	3,961.	3,961.		
ane	-	b					
Miscellaneous Revenue		c					
Alsc B		d All other revenue					
_		e Total. Add lines 11a-11d		3,961.			
	12	Total revenue. See instructions		9,370,623.	112,781.	0.	36,550.

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 373,521. 373,521. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 154,686. 154,686. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,129,555. 296,511. 2,833,044. Other salaries and wages 7 Pension plan accruals and contributions (include 144,311. 124,921. 19,390. section 401(k) and 403(b) employer contributions) 645,341. 709,445. 64,104. Other employee benefits 9 285,940. 248,773. 37,167. 10 Payroll taxes Fees for services (nonemployees): Management 61,775. 61,775. Legal 22,407. 22,407. Accounting 25,792. 25,792. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 149,067. 65,782. 214,849. column (A), amount, list line 11g expenses on Sch O.) 35,416. 35,320. 96. Advertising and promotion 12 71,263. 61,600. 9,663. Office expenses 13 647,998. 630,113. 17,885. Information technology 14 15 Royalties 356,045. 322,185. 33,860. 16 Occupancy 50,541. 34,157. 16,384. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 8,309. 13,765. 5,456. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 8,854. 8,854. Depreciation, depletion, and amortization 22 93,098. 74,017. 19,081. 23 Other expenses. Itemize expenses not covered 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 O.) 2,722,601. 2,722,601. CUSTOMER TRAINING 97,695. COMMUNICATIONS 89,876. 7,819. 45,475. 5,176. 40,299. OTHER EXPENSES 36,384. 1,900. CUSTOMER SUPPORT SRVC. 34,484. 47,129.9,580. 37.549. All other expenses 9,348,545. 8,430,054. 918,491. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,388,669.	1	1,400,525.		
	2	Savings and temporary cash investments			178,579.	2	181,249.
	3	Pledges and grants receivable, net	366,644.	3	359,982.		
	4	Accounts receivable, net	3,025.	4	46,388.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			49,373.	9	59,724.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	198,557. 198,557.			
	b	Less: accumulated depreciation	10b	198,557.	8,854.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, Iir			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	111 22-		
	15	Other assets. See Part IV, line 11	0.	15	411,807.		
	16	Total assets. Add lines 1 through 15 (must e			1,995,144.	16	2,459,675.
	17	Accounts payable and accrued expenses	633,551.	17	793,951.		
	18	Grants payable	127 014	18	1 200		
	19	Deferred revenue			137,014.	19	1,302.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su				00	
<u> </u>		controlled entity or family member of any of t	' <del>-</del>			22	
	23	Secured mortgages and notes payable to un				23 24	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line of Schedule D			0.	25	417,765.
	26	Total liabilities. Add lines 17 through 25			770,565.	25 26	1,213,018.
	20	Organizations that follow FASB ASC 958, o	heck here	X	7707000	20	1,213,0101
es		and complete lines 27, 28, 32, and 33.	mook nore				
anc anc	27	• , , ,			1,224,579.	27	1,246,657.
3al	28				, , , , , , , , , , , ,	28	, , , , , , , , , , , , , , , , , , , ,
둳		Organizations that do not follow FASB ASG					
Ē		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fun	ds			29	
;ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				1,224,579.	32	1,246,657.
~	33	Total liabilities and net assets/fund balances			1,995,144.	33	2,459,675.
					•		Form <b>990</b> (2022

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)		9,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,34	8,5	<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,22	4,5	<u>79.</u>
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	1,24	6,6	57.
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	Ο.			
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	X	
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
		<del></del>	Form	990	(2022)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

WORKNET PINELLAS INC. Employer identification number 73-1678180

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	$\Box$	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
	X	An organization that normal	· ·				• •	oublic described in			
-		section 170(b)(1)(A)(vi). (C	-		3		g <sub>1</sub>				
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)						
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college			
_		or university or a non-land-g				-	-	-			
		university:	rant conego or agrico	artaro (000 motraotrono).	211101 1110 1	idino, only	, and class of the comoge	, 01			
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supr	ort from c	ontribution	ns membership fees and	d aross receipts from			
		activities related to its exem									
		income and unrelated busin		•	. ,		• •	· ·			
		See section 509(a)(2). (Cor		(1000 000tion on reary in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ooo aoqan	od by the organization c	artor Gario GG, 107G.			
11		An organization organized a	•	vely to test for public sa	fety See	section 50	)9(a)(4).				
12	Ħ	An organization organized a	•	•	•			purposes of one or			
_		more publicly supported org	•	<del>-</del>	-		· · · · · · · · · · · · · · · · · · ·				
		lines 12a through 12d that of									
а		Type I. A supporting orga	* *					aivina			
_		the supported organization	•	•	•	-					
		organization. You must c			· · · · · · · · · · · · · · · · · · ·	i ino direc	1010 01 11401000 01 1110 00	,pporting			
b		Type II. A supporting orga			tion with its	s sunnorte	d organization(s) by hav	vina			
-		control or management of	· ·					•			
		organization(s). You mus			ине регоо	110 11141 001	nation of manage the supp	Sortod			
c		Type III functionally inte			in connect	ion with a	and functionally integrate	ed with			
Ū		its supported organization					• •	with,			
d		Type III non-functionally		·				zation(s)			
-		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *			
		requirement (see instructi	-	* *	-		='				
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Ī		functionally integrated, or					., po ., ., po, ., po				
f	Ente	r the number of supported o	• •	,							
q		ride the following information		d organization(s).							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Oto	ı						i e	1			

(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.)

15 Public support percentage from 2021 Schedule A, Part II, line 14  16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	Sec	ction A. Public Support								
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b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo			
and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										
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and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			•	• •						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part	VI how the organiz	ation		
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			-		*					
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b	10% -facts-and-circumstances test	- <b>2021.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets the	e facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	Part VI how the			
		•		-	•	• • •				
Schedule A (Form 990) 2022	18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		-		

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0.		
9c		
10a		
10b		

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Par	t IV   Supporting Organizations (continued)			
			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		
	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		
Sect	ion 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,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1		
	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,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)_		
а	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 in	struction	l' I	1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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	<b>^</b> 1		
•	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus						
Sect	ion 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	+ +					
U	collection of gross income or for management, conservation, or						
		6					
	maintenance of property held for production of income (see instructions)	7					
7	Other expenses (see instructions)	8					
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	-		(D) O			
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					
С	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-functional		d Type III supporting orga	nization (see			
•	instructions)	, intogrator	a 1,700 iii oapportiiig oiga				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

2020 AMOUNT: \$ 691.

2021 AMOUNT: \$ 263.

2022 AMOUNT: \$ 431.

#### TICKET TO WORK

2018 AMOUNT: \$ 62,982.

2019 AMOUNT: \$ 99,153.

2020 AMOUNT: \$ 109,259.

2021 AMOUNT: \$ 82,552.

2022 AMOUNT: \$ 108,820.

#### SPONSORSHIPS

2018 AMOUNT: \$ 23,915.

2019 AMOUNT: \$ 4,466.

2021 AMOUNT: \$ 2,000.

#### OTHER PROGRAM SERVICE REVENUE

2018 AMOUNT: \$ 98,047.

2019 AMOUNT: \$ 16,525.

2020 AMOUNT: \$ 1,290.

#### TABACCO FREE FLORIDA REVENUE

2020 AMOUNT: \$ 7,538.

2021 AMOUNT: \$ 3,525.

2022 AMOUNT: \$ 3,530.

Schedule A (Form 990) 2022

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	WORKNET	PINELLAS INC.			73-1678180
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			<b>.</b>
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	,	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/21
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(	e)(3).
	Enter the amount directly expended	, , ,	•		\$
2	Enter the amount of the filing organ		~		
_	exempt function activities				<b></b>
3	Total exempt function expenditures		·		<b>.</b>
4	line 17b  Did the filing organization file <b>Form</b>				Yes No
5	Enter the names, addresses and en				
J	made payments. For each organiza				
	contributions received that were pro	·			•
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(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.

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022	MOKKNET PI	NELLAS INC.		73	L6/616U Page 2
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).		ffiliate at annual to a first in	- Dort IV and affiliated		a adduses FIN
	ition belongs to an a re of excess lobbying	ffiliated group (and list in	n Part IV each amiliated	group members nam	ie, address, Eliv,
	•	and "limited control" pr	ovisions apply		
Limi	ts on Lobbying Exp	enditures	,	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means am	ounts paid or incurred.	)	totals	
1a Total lobbying expenditures to influ	uence public opinior	n (grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and	1d)			
f Lobbying nontaxable amount. Enter	er the amount from t	he following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is: The le	obbying nontaxable an	nount is:		
Not over \$500,000	20% (	of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,	000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,	000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h o	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	•				Yes No
(Some organizations t	hat made a section	veraging Period Under 501(h) election do not arate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
• Total labbying avacadityras					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

# 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					(i	p)
	e lobbying activity.	Yes	ı	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:			37		
a	Volunteers?			X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			X X		
	Media advertisements?			X		
	Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?			X		
				X		
q		х			25	792.
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			Х		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i	Other activities?			Х		
i	Total. Add lines 1c through 1i				25	792.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Х		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), c	r sec	tion	
	501(c)(6).			ı		
					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?			2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			3 r sec	tion	
ı uı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					3. is
	answered "Yes."		` ,		,	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total			2c		
3				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical		_		
_	expenditures next year?			4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions  t IV Supplemental Information			5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dart II	Λ lin	000 1 00	nd 2 (Soo	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi, rait ii?	⊢, III	ies i ai	iu z (See	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
AN	OUTSIDE FIRM WAS HIRED TO ASSIST ORGANIZATION NAVIG	ATE TH	IRO	UGH		
FLO	DRIDA LEGISLATION IMPACTING WORKFORCE-RELATED PROGRA	MS AND	) S	ERV:	ICES,	
				·		<u></u>
REZ	AD THROUGH EACH BILL TO HIGHLIGHT AREAS OF CONCERN,	AND ME	ET	WI	ГН	
LE(	GISLATORS AND STAFF TO REPRESENT WORKNET PINELLAS.					

Schedule C (Form 990) 2022

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

WORKNET PINELLAS INC.

**Employer identification number** 73-1678180

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar	Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	; (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in do	nor advised fund	ls
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant fund	ls can be used o	nly
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other	purpose conferri	ng
	impermissible private benefit?			
Par			orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreation	· —		orically important land area
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in	the form of a co	Held at the End of the Tax Year
	day of the tax year.			
_				2a
b		t in all rade of in (a)		2b
C	Number of conservation easements on a certified historic struc Number of conservation easements included in (c) acquired afti	( )		2c
d		•		2d
3	Number of conservation easements modified, transferred, relea	sed extinguished or terminat		
3	year	isea, extiligaistica, or terrilliat	ed by the organi.	zation during the tax
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period		ndling of	
_	violations, and enforcement of the conservation easements it h	- · · · · · · · · · · · · · · · · · · ·	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing	conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	ction 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financi	al statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussas	Oth C	iusilau Assata
Par			s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,	•		
	of art, historical treasures, or other similar assets held for public			ice of public
	service, provide in Part XIII the text of the footnote to its financial			also at consider of
D	If the organization elected, as permitted under FASB ASC 958,			
	art, historical treasures, or other similar assets held for public e	xhibition, education, or resear	cn in furtherance	of public service,
	provide the following amounts relating to these items:			<b>C</b>
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	ures or other similar assets fo		
~	the following amounts required to be reported under FASB ASC		ı ınıancıaı yanı, þ	OVIDE
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2022

	t III   Organizations Maintaining C	Ollections of Ar		orical Tro	acurae a	r Other		/ S-TO			age <b>∠</b>
	•								• (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make si	gnificant u	use of its			
	collection items (check all that apply):		. —								
а	Public exhibition	C			hange progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or				•			_	7		٦
Dos	to be sold to raise funds rather than to be ma								Yes		_ No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								٦.,		٦
_	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:					Δ		
									Amoun	τ	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
Ť	Ending balance								7.,		٦
	Did the organization include an amount on Fo						ty?		Yes	F	_ No
Par	If "Yes," explain the arrangement in Part XIII.										
I ai	t V Endowment Funds. Complete i	(a) Current year			(c) Two yea			rears back	(e) Fou	veare	hack
	Parimain a of consultation of	(a) Current year	(D)	Prior year	(C) TWO yea	15 Dack	(u) Tillee y	tais back	(e) Fou	years	Dack
	Beginning of year balance										
р	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
g	End of year balance		L		<u> </u>						
2	Provide the estimated percentage of the curr	•	•	g, column (a	)) neld as:						
а	Board designated or quasi-endowment		_%								
р	Permanent endowment										
С		%									
0-	The percentages on lines 2a, 2b, and 2c should be a sh	•		A a constant and a constant and	and and a decided at a						
за	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are neid ar	na aaministei	rea for the	9		1	Yes	No
	organization by:								0-(1)	163	INO
	(i) Unrelated organizations								3a(i)		├──
	(ii) Related organizations	Manager Cakadaa ay ay ay da							3a(ii)		├──
_	If "Yes" on line 3a(ii), are the related organiza								3b		Ь
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment i	unas.							
· ui	Complete if the organization answered		) Part IV	/ line 11a S	See Form 990	Part X I	ine 10				
									(a) Da a	ا د د ما د	
	Description of property	(a) Cost or o			t or other (other)		ccumulate preciation	ea	( <b>d</b> ) Boo	k valu	e
	Land	· ·	110114	Dasis	(Othor)	uep	, colation				
_	Land										
b	Buildings			6	7,859.		67,8	<del>.</del> a $+$			0.
	Leasehold improvements				0,698.	1	30,69				0.
	Equipment			13	0,030.		.50,0	-			<u> </u>
	Other			(F) ::	2 )						0.
ı otal	. Add lines 1a through 1e. (Column (d) must e	auai ⊦orm 990. Part	x. colun	าท (B). Iine 1	UC.)						<b>U</b> •

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" or		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)		+	
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	a Form 000 Dort IV line	11a Saa Farm 000 Part V line 12	
Complete if the organization answered "Yes" or  (a) Description of investment	(b) Book value		d of year market value
· · · · · · · · · · · · · · · · · · ·	(b) DOOK Value	(c) Method of valuation: Cost or en	u oryear market value
(1)		1	
(2)		+	
(3)			
(4)			
(5)			
(6)		+	
(7)		+	
(8)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) RIGHT OF USE ASSET			411,80
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			111 00
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		411,80
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			115.56
(2) LEASE LIABILITY			417,76
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.		417,76

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial S		e per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV			0 270 602
1	Total revenue, gains, and other support per audited financial statements		1	9,370,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	l l		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.270 (22
3	Subtract line 2e from line 1		3	9,370,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
_C	Add lines 4a and 4b			9,370,623.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial S	12.) Statements With Expens	5	9,3/0,643.
Га			es per neturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV		Ι	0 240 545
1	Total expenses and losses per audited financial statements		1	9,348,545.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	0.	0
e	Add lines 2a through 2d			9,348,545.
3	Subtract line 2e from line 1		3	3,340,343.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u>-                                    </u>	40	0
C	Add lines 4a and 4b			9,348,545.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII   Supplemental Information.	e 18.)	5	J,J±0,J±J•
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ad 4: Part IV lines 1b and 2b: Pa	ut V. lino 4: Part V	/ line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		irt v, iirie 4, Part A	A, IIIIe Z, Part AI,
111163	20 and 4b, and Fart All, lines 20 and 4b. Also complete this part to provide	e arry additional information.		
PAI	RT X, LINE 2:			
wI	TH FEW EXCEPTIONS, THE ORGANIZATION IS	NO LONGER SUBJE	CT TO EXA	AMINATIONS
		1,0 101,011, 20201	01 10 111	
BY	MAJOR TAX JURISDICTIONS FOR YEARS END	ED JUNE 30. 2019	. AND PRI	OR.
			,	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

 $\label{thm:complete} \textbf{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}$ 

Attach to Form 990.

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

**2022**Open to Public

Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization 73-1678180 WORKNET PINELLAS INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) PINELLAS EDUCATION FOUNDATION FEDERAL GRANT 12090 STAARKEY ROAD SUBRECIPIENT EMPLOYMENT 59-2688253 501(C)(3) 0 TRAINING. LARGO, FL 33773 327,636. THE KAISER GROUP (DE), LLC DBA FEDERAL GRANT DYNAMIC - 237 SOUTH STREET -SUBRECIPIENT ONE STOP 0. OPERATOR WAUKESHA, WI 53186 39-1354364 45,885. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(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
rt IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	
RT I, LINE 2:					
E ORGANIZATION HAS ENGAGED PRO	OFESSIONAL C	ONTRACTOR	S TO MONITO	R THE	
GANIZATION RECEIVING GRANT FU	NDS.				

### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WORKNET PINELLAS INC.

 $Employer\ identification\ number \\ 73-1678180$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other 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			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Х	
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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-MISC and/or 1099-NEC compensation			(C) Retirement and 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) STEVEN MEIER	(i)	134,740.	0.	12,580.	7,366.	0.	154,686.	0.	
CFO & INTERIM CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
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	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)							<del> </del>	
	(II)						<u> </u>		

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. THE ABOVE WAS PAID DURING CALENDAR YEAR 2022.

#### **SCHEDULE 0** (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.

Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

73-1678180

Department of the Treasury Internal Revenue Service Name of the organization

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 ACCOUNTING FIRM PRIOR TO

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

FILING WITH THE INTERNAL REVENUE SERVICE CENTER.

INTERNALLY, IT IS THE RESPONSIBILITY OF SENIOR MANAGEMENT TO REVIEW THE AGENDAS AND IDENTIFY ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO THE BOARD 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 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. 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) 2022