



CareerSource Tampa Bay Finance / Audit Committee

Date: March 19, 2026 at 10:00 a.m.

Location: Hybrid; Meridian One
4350 W Cypress Street, Suite 875 Tampa FL

Zoom Information [Zoom Link](#)
Meeting ID: 832 1823 7400
Passcode: 824237
Dial-in-Number: 1.305.224.1968

Agenda

I. Call to Order, Roll Call, and Welcome

II. Public Comments

Members of the public may raise their virtual hand during the Public Comment portion of the meeting. Members of the public who do so will be acknowledged by the Chair and provided up to three minutes to make public comment.

III. Action Items/Discussion Items

A. Approval of minutes – December 18, 2025, Finance/Audit Committee Meeting...2

B. Acceptance of 2024 IRS Form 990.....4

C. Approval of CPA Firm – Tampa Bay Workforce Alliance, Inc, 401(k).....47

IV. Information Items

A. Expenditure Reports for the period ending January 31, 2026.....54

B. Pinellas County Transfer of Funds Agreement Update.....61

V. Adjournment

A. Next Finance Committee Meeting – May 21, 2026



Action Item

Finance / Audit Committee Meeting Minutes

December 18, 2025



CareerSource Tampa Bay Finance / Audit Committee Minutes

CareerSource Tampa Bay
12/18/2025 10:00 AMEST

@ Hybrid; Meridian One 4350 W Cypress Street, Suite 875 Tampa FL 33607

Committee Member

Present:

Members: Mitch Allen (remote), Barclay Harless (remote), Don Noble, Sophia West (remote), Don Blair (remote), Bob Hyde (remote)

Absent:

Members: David Fetkenher, Elisa Caro, Commissioner Latvala

CareerSource Tampa Bay Staff

Sheila Doyle, Anna Munro, Tammy Stahlgren

Board Member

Dr. Cynthia Johnson, board member (remote)

- I. Call to Order, Roll Call, and Welcome (Presenters: Don Noble)
Don Noble, Chair called the meeting to order at 10:01 a.m. There was a quorum present.
- II. Public Comments (Presenters: Don Noble)

There were none.
- III. Action Items/Discussion Items
 - A. Approval of minutes – October 27, 2025 Finance/Audit Committee Meeting (Presenters: Don Noble)

Motion:

To approve the minutes of the October 27, 2025 Finance/Audit Committee Meeting

Motion moved by Mitch Allen and motion seconded by Sophia West. Motion carried.

B. Required Communications and Acceptance of June 30, 2025, Annual Financial Statements

James Halloran from James Moore (the audit firm) reported a clean audit with no significant deficiencies, adjustments, or findings.

Motion:

To accept the Tampa Bay Workforce Alliance, Inc. Annual Financial Statement Audit for the fiscal year ended June 30, 2025.

Motion moved by Barclay Harless and motion seconded by Mitch Allen. Motion carried.

C. Added Agenda Item: Gift Policy (Presenters: Don Noble)

Don Noble added the Gift Policy to the agenda.

The committee revisited the policy to clarify staff gift limits, noting that it primarily addresses organizational gifts while staff guidance is detailed in the updated employee handbook allowing gifts up to \$25.

The revised policy, highlighted in red, was emailed to the committee for review.

Motion:

To approve the revised gift policy at the committee level and move it to the board for approval in January.

Motion moved by Barclay Harless and motion seconded by Don Blair. Motion carried.

IV. Information Items

A. Expenditure Reports for the period ending October 31, 2025

There were no issues or concerns noted.

V. Adjournment

Meeting adjourned at 10:27 a.m.

Minutes prepared by Tammy Stahlgren, Executive Administrative Assistant.



Action Item

Tampa Bay Workforce Alliance, Inc. 2024 IRS Form 990 FYE June 30, 2025

Background

Per Amended and Restated By-Laws of Tampa Bay Workforce Alliance, Inc. d/b/a CareerSource Tampa Bay (“By-Laws”), the Audit Committee’s responsibilities include but are not limited to: “Reviewing and recommending for Board acceptance of the annual IRS Form 990 submission.” [By-Laws, Article VII, Section 7.4(H)]

IRS Form 990, part VI, section B, Line 11B: 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 filing with the Internal Revenue Service.

Information

The audit and tax firm James Moore completed the 2024 IRS Form 990 of Tampa Bay Workforce Alliance, Inc. for the fiscal year ended June 30, 2025.

Enclosed is a copy of the 2024 IRS Form 990. A representative from James Moore will present an overview to the Finance/Audit Committee.

Subject to the acceptance of the 2024 IRS Form 990 by the Finance/Audit Committee and Board of Directors at their March 26, 2026 meeting, the 990 will be filed before its extended filing due date of May 15, 2026.

Recommendation

Acceptance of the Tampa Bay Workforce Alliance, Inc. 2024 IRS Form 990 for the fiscal year ending June 30, 2025.

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: TAMPABAY WORKFORCE ALLIANCE, INC. D Employer identification number: 59-3655316
E Telephone number: 813-297-2064
G Gross receipts \$: 26,251,572.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.CAREERSOURCE/TAMPABAY.COM
K Form of organization: [X] Corporation
L Year of formation: 2000
M State of legal domicile: FL

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

Part II Signature Block

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

Signature of officer: SHEILA DOYLE, SVP & CFO
Preparer's name: CORINNE LAROCHE
Preparer's signature: CORINNE LAROCHE
Date: 03/11/26
Firm's name: JAMES MOORE & CO., P.L.
Firm's EIN: 59-3204548

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 11,126,893. including grants of \$ 338,471.) (Revenue \$) WORKFORCE INNOVATION AND OPPORTUNITY ACT - STRIVES TO MEET THE NEEDS OF PARTICIPANTS IN GAINING SKILLS, TRAINING, WORK AND EXPERIENCE THAT WILL INCREASE PROGRAM PARTICIPANTS ABILITY TO OBTAIN SELF SUFFICIENCY.

4b (Code:) (Expenses \$ 5,302,235. including grants of \$ 41,153.) (Revenue \$) THE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM - PROVIDES TEMPORARY FINANCIAL ASSISTANCE FOR PREGNANT WOMEN AND FAMILIES WITH ONE OR MORE DEPENDENT CHILDREN. TANF PROVIDES FINANCIAL ASSISTANCE TO HELP PAY FOR FOOD, SHELTER, UTILITIES, AND EXPENSES OTHER THAN MEDICAL.

4c (Code:) (Expenses \$ 2,954,508. including grants of \$ 294.) (Revenue \$) WAGNER-PEYSER ACT FUNDED WORKFORCE PREPARATION SERVICES - GENERAL WAGNER-PEYSER ACT FUNDED WORKFORCE PREPARATION SERVICES ARE AN INTEGRATED COMPONENT OF THE NATION'S ONE-STOP CAREER CENTER SYSTEM. THEY ARE COORDINATED WITH OTHER ADULT PROGRAMS UNDER THE WORKFORCE INVESTMENT ACT TO ENSURE THAT JOB SEEKERS, WORKERS, AND EMPLOYERS HAVE CONVENIENT AND COMPREHENSIVE ACCESS TO A FULL CONTINUUM OF WORKFORCE-RELATED SERVICES. THE MOST DISTINGUISHING FEATURE OF THE WAGNER-PEYSER EMPLOYMENT SERVICE IS THAT IT IS THE ONLY "UNIVERSALLY ACCESSIBLE" PUBLIC WORKFORCE PROGRAM.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,247,919. including grants of \$ 13,969.) (Revenue \$ 219,304.)

4e Total program service expenses 23,631,555.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (33); 1b Enter the number of voting members included on line 1a, above, who are independent (33); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (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. Own website [] Another's website [] Upon request [X] Other (explain on Schedule O) []
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SHEILA DOYLE - 813-397-2077 4350 W CYPRESS STREET, 875, TAMPA, FL 33634-6392

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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHEILA DOYLE - CFO CO-INTERIM CEO UNTIL 1/8/2025	40.00			X			205,820.	0.	28,623.	
(2) MICHELLE ZIEZUILA COO UNTIL 6/6/2025	40.00			X			176,689.	0.	29,263.	
(3) ANNA MUNRO - VP, FISCAL & ADMINISTRATIVE COMPLIANCE	40.00				X		144,962.	0.	31,932.	
(4) BARRY MARTIN - VP OF HR & PROFESSIONAL DEVELOPMENT	40.00				X		126,154.	0.	32,519.	
(5) DOUG TOBIN - VP OF PUBLIC RELATIONS & MARKETING	40.00				X		117,350.	0.	39,742.	
(6) APRIL TORREGIANTE VP OF PROGRAM SERVICES	40.00				X		127,508.	0.	18,960.	
(7) RICHARD BEYNON VP OF INFORMATION TECHNOLOGY	40.00				X		127,623.	0.	11,673.	
(8) BYRON CLAYTON CHIEF OF SECTOR PARTNERSHIP	40.00			X			111,657.	0.	14,959.	
(9) STEVE MEIER CO-INTERIM CEO UNTIL 1/8/2025	40.00			X			91,900.	0.	8,382.	
(10) KEIDRIAN KUNKEL CEO AS OF 1/9/2025	40.00			X			0.	0.	0.	
(11) BARCLAY HARLESS CHAIR AS OF 09/13/2024	1.00	X		X			0.	0.	0.	
(12) SEAN BUTLER CHAIR UNTIL 9/12/2024	1.00	X		X			0.	0.	0.	
(13) GARY HARTFIELD VICE CHAIR	1.00	X		X			0.	0.	0.	
(14) CHRIS LATVALA 2ND VICE CHAIR	1.00	X		X			0.	0.	0.	
(15) JOSHUA WOSTAL 2ND VICE CHAIR	1.00	X		X			0.	0.	0.	
(16) REBECCA SARLO SECRETARY	1.00	X		X			0.	0.	0.	
(17) DON NOBLE TREASURER	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MITCH ALLEN MEMBER	1.00	X						0.	0.	0.
(19) BELINTHIA BERRY MEMBER	1.00	X						0.	0.	0.
(20) ROBERT P. BLOUNT III MEMBER	1.00	X						0.	0.	0.
(21) WARREN "SCOTT" BROOKS MEMBER	1.00	X						0.	0.	0.
(22) JOSEPH ELETTO MEMBER	1.00	X						0.	0.	0.
(23) DAVID FETKENHER MEMBER	1.00	X						0.	0.	0.
(24) BENJAMIN FRIEDMAN MEMBER	1.00	X						0.	0.	0.
(25) ELIZABETH GUTIERREZ MEMBER	1.00	X						0.	0.	0.
(26) JOHN HOWELL MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,229,663.	0.	216,053.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,229,663.	0.	216,053.

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 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

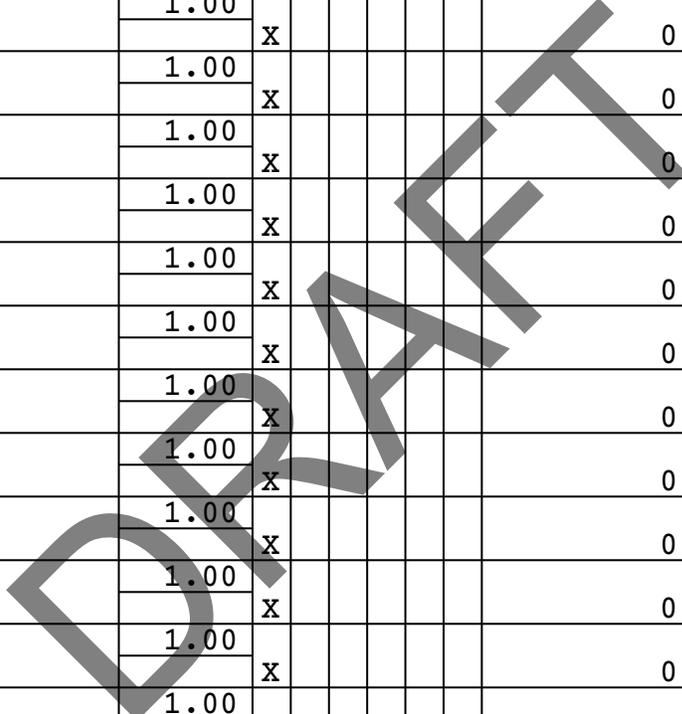
(A) Name and business address	(B) Description of services	(C) Compensation
RESULTANT, LLC, 800 E. 96TH STREET, SUITE 100, INDIANAPOLIS, IN 46240	DATA & TECHNOLOGY CONSULTING SERVICES	291,900.
HIGHWOODS REALTY LIMITED PARTNERSHIP, 3100 SMOKETREE COURT, SUITE 600, RALEIGH, NC TOROSE 6302, LLC, 1331 BRICKELL BAY DR, APT 3101, MIAMI, FL 33131	RENT	239,514.
LINK TECH COMPUTER SERVICES LLC 11284 CALLISIA DR, ODESSA, FL 33556	RENT	206,162.
	DATA & TECHNOLOGY CONSULTING SERVICES	124,031.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM "MARK" HUNT MEMBER	1.00	X						0.	0.	0.
(28) BOB HYDE MEMBER	1.00	X						0.	0.	0.
(29) MICHAEL JALAZO MEMBER	1.00	X						0.	0.	0.
(30) CYNTHIA JOHNSON MEMBER	1.00	X						0.	0.	0.
(31) JIM JUNECKO MEMBER UNTIL 9/16/2024	1.00	X						0.	0.	0.
(32) NIKISHA LEZEMA MEMBER UNTIL 5/12/2025	1.00	X						0.	0.	0.
(33) BRIAN MANN MEMBER	1.00	X						0.	0.	0.
(34) SHAWN MCDONNELL MEMBER	1.00	X						0.	0.	0.
(35) BRIAN NATHAN MEMBER	1.00	X						0.	0.	0.
(36) APRIL NEUMANN MEMBER	1.00	X						0.	0.	0.
(37) JEREMY ROBINSON MEMBER	1.00	X						0.	0.	0.
(38) ESTHER SANNI (MATTHEWS) MEMBER	1.00	X						0.	0.	0.
(39) ELIZABETH SIPLIN MEMBER	1.00	X						0.	0.	0.
(40) ROY SWEATMAN MEMBER	1.00	X						0.	0.	0.
(41) THAYNE SWENSON III MEMBER	1.00	X						0.	0.	0.
(42) SCOTT THOMAS MEMBER UNTIL 2/17/2025	1.00	X						0.	0.	0.
(43) SOPHIA WEST MEMBER	1.00	X						0.	0.	0.
(44) KENNETH WILLIAMS MEMBER	1.00	X						0.	0.	0.
(45) RUSSELL WILLIAMS MEMBER	1.00	X						0.	0.	0.
(46) OCEA WYNN MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	86,667.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	25,269,829.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	666,218.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			26,022,714.			
Program Service Revenue	2 a	TICKET TO WORK	Business Code	900099	188,456.	188,456.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			188,456.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,554.			9,554.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8a								
8b								
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	FLORIDA DJJ, TOBACCO FREE FLORIDA	Business Code	900099	30,848.	30,848.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			30,848.			
12	Total revenue. See instructions			26,251,572.	219,304.	0.	9,554.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	393,887.	393,887.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	960,592.	864,731.	95,861.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,613,330.	9,538,776.	1,074,554.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	689,091.	615,773.	73,318.	
9 Other employee benefits	1,441,749.	1,347,692.	94,057.	
10 Payroll taxes	852,619.	767,448.	85,171.	
11 Fees for services (nonemployees):				
a Management				
b Legal	100,130.		100,130.	
c Accounting	113,805.		113,805.	
d Lobbying	40,135.	40,135.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,199,797.	1,091,445.	108,352.	
12 Advertising and promotion				
13 Office expenses	418,689.	391,672.	27,017.	
14 Information technology	984,756.	902,509.	82,247.	
15 Royalties				
16 Occupancy	1,866,084.	1,769,647.	96,437.	
17 Travel	163,037.	144,639.	18,398.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	142,139.	130,646.	11,493.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,192.	63,192.		
23 Insurance	200,731.	184,952.	15,779.	
24 Other expenses. Itemize expenses not covered 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.)				
a CUSTOMER TRAINING	5,061,356.	5,061,356.		
b COMMUNITY OUTREACH	271,436.	271,436.		
c LICENSES & OTHER FEES	47,809.	32,512.	15,297.	
d STAFF TRAINING & EDUCAT	22,615.	17,931.	4,684.	
e All other expenses	1,176.	1,176.		
25 Total functional expenses. Add lines 1 through 24e	25,648,155.	23,631,555.	2,016,600.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,002,659.	1	1,863,559.
	2 Savings and temporary cash investments	496,059.	2	706,860.
	3 Pledges and grants receivable, net	806,498.	3	2,898,550.
	4 Accounts receivable, net	84,026.	4	77,632.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	614,909.	9	806,597.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,912,885.		
	b Less: accumulated depreciation	10b 2,656,842.	319,235.	10c 256,043.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	24,453.	12	26,789.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,603,032.	14	1,197,556.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,950,871.	16	7,833,586.	
Liabilities	17 Accounts payable and accrued expenses	1,890,023.	17	2,516,184.
	18 Grants payable		18	
	19 Deferred revenue	706,056.	19	2,744,941.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,546,736.	25	1,159,245.
	26 Total liabilities. Add lines 17 through 25	4,142,815.	26	6,420,370.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	808,056.	27	1,413,216.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	808,056.	32	1,413,216.
33 Total liabilities and net assets/fund balances	4,950,871.	33	7,833,586.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,251,572.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,648,155.
3	Revenue less expenses. Subtract line 2 from line 1	3	603,417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	808,056.
5	Net unrealized gains (losses) on investments	5	1,743.
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	1,413,216.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29426985.	20105475.	20669364.	19079000.	26022714.	115303538
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29426985.	20105475.	20669364.	19079000.	26022714.	115303538
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						115303538

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	29426985.	20105475.	20669364.	19079000.	26022714.	115303538
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			2,239.	630.	9,554.	12,423.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						115315961
12 Gross receipts from related activities, etc. (see instructions)					12	719,249.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2024. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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 - 2024. 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 - 2023. 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		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b. Row 23: its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

DRAFT

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

TAMPABAY WORKFORCE ALLIANCE, INC.

Employer identification number

59-3655316

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

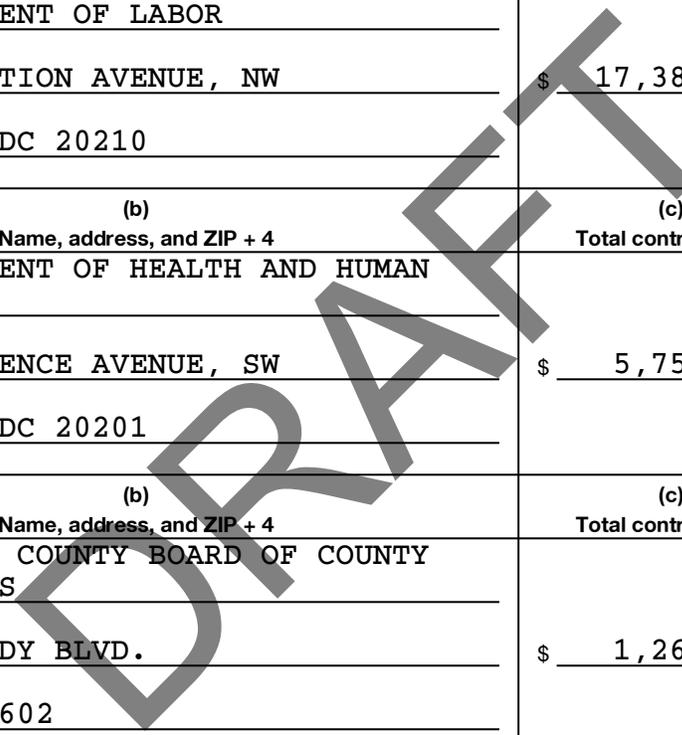
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter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

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

Name of organization TAMPABAY WORKFORCE ALLIANCE, INC.	Employer identification number 59-3655316
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20250	\$ 862,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF LABOR 200 CONSTITUTION AVENUE, NW WASHINGTON, DC 20210	\$ 17,384,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	\$ 5,754,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS 601 E. KENNEDY BLVD. TAMPA, FL 33602	\$ 1,263,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WORKNET PINELLAS, INC. DBA CAREERSOURCE PINELLAS 13805 58TH STREET N, SUITE 2-140 CLEARWATER, FL 33760	\$ 635,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization TAMPABAY WORKFORCE ALLIANCE, INC.	Employer identification number 59-3655316
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

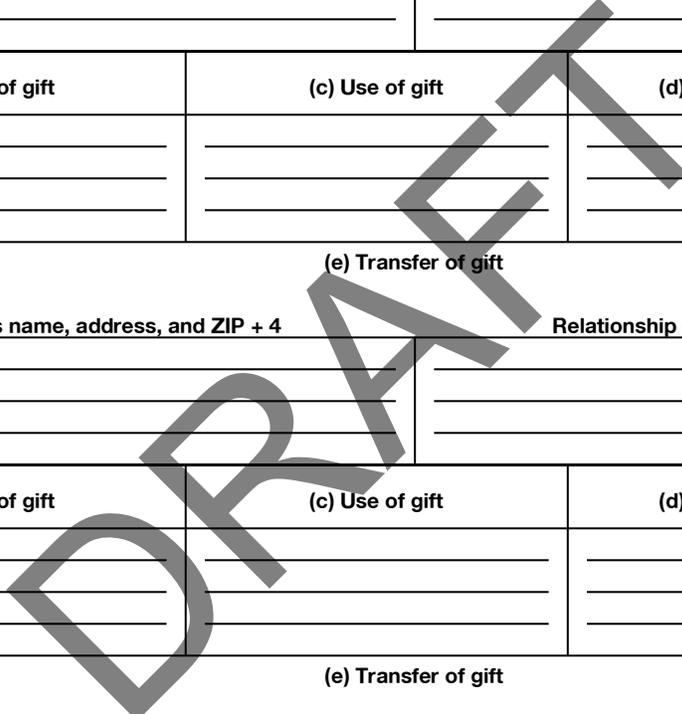
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

DRAFT

Name of organization TAMPABAY WORKFORCE ALLIANCE, INC.	Employer identification number 59-3655316
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name of organization TAMPABAY WORKFORCE ALLIANCE, INC.	Employer identification number (EIN) 59-3655316
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide 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-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	40,135.													
c Total lobbying expenditures (add lines 1a and 1b)	40,135.													
d Other exempt purpose expenditures	25,608,020.													
e Total exempt purpose expenditures (add lines 1c and 1d)	25,648,155.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	28,685.	36,958.	36,090.	40,135.	141,868.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying and political expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-A

LOBBYING EXPENSES ARE USED FOR CHIEF EXECUTIVE OFFICER TIME MEETINGS WITH LEGISLATIVE REPRESENTATIVES OR TO ATTEND LEGISLATIVE MEETINGS. THESE EXPENSES ARE ALSO USED TO PAY A FIRM TO REPRESENT THE ORGANIZATION BEFORE THE STATE OF FLORIDA WITH THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE GOVERNMENT TO ADVOCATE FOR LEGISLATIVE POLICIES AND THE UTILIZATION OF GOVERNMENT FUNDING FOR THE BENEFIT OF WORKFORCE DEVELOPMENT.

SCHEDULE D
(Form 990)

(Rev. December 2024)
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

**Open to Public
Inspection**

Name of the organization

TAMPABAY WORKFORCE ALLIANCE, INC.

Employer identification number

59-3655316

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,317,861.	2,316,100.	1,761.
d Equipment		553,771.	307,049.	246,722.
e Other		41,253.	33,693.	7,560.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				256,043.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	1,159,245.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	25,617,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,743.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,743.	
3	Subtract line 2e from line 1		3	25,615,786.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	635,786.	
	c Add lines 4a and 4b	4c	635,786.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,251,572.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	25,648,155.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	25,648,155.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	25,648,155.

Part XIII Supplemental Information

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

PART X, LINE 2:

CAREERSOURCE TAMPA BAY (CSTB) IS A NOT-FOR-PROFIT CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. CSTB BELIEVES THAT IT HAS NO LIABILITY FOR TAXES WITH RESPECT TO UNRELATED BUSINESS INCOME. HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. CSTB FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC 740, INCOME TAXES ("ASC 740"). A COMPONENT OF THIS STANDARD PRESCRIBES A RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. CSTB'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS STANDARD FOR THE YEARS ENDED JUNE 30, 2025. AS REQUIRED BY INTERNAL REVENUE SERVICE REGULATIONS, THE ORGANIZATION ANNUALLY FILES A FORM 990, "RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX" WITH THE INTERNAL REVENUE SERVICE. TAX RETURNS FOR THE PAST THREE YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET ASSET CONTRIBUTION FROM WORKNET PINELLAS, INC. 635,786.

Part XIII Supplemental Information *(continued)*

DRAFT

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **TAMPABAY WORKFORCE ALLIANCE, INC.** Employer identification number **59-3655316**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDUCATIONAL DATA SYSTEMS, INC. 15300 COMMERCE DRIVE NORTH, SUITE 2 DEARBORN, MI 48120	38-2272565		0.	120,938.			WORKFORCE SERVICES
THE KAISER GROUP, LLC DBA DYNAMIC WORKFORCE SOLUTIONS - 237 SOUTH STREET - WAUKESHA, WI 53186	20-3216604		0.	36,267.			WORKFORCE SERVICES
SAILFUTURE INC. 2154 27TH AVENUE N ST. PETERSBURG, FL 33713	46-3271817	501(C)(3)	0.	236,682.			WORKFORCE SERVICES

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

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (Rev. 12-2024)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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

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

PART I, LINE 2:

ALL OF THE GRANTS ARE REIMBURSEMENT BASED GRANTS. APPROPRIATE DOCUMENTATION THAT CONDITIONS HAVE BEEN MET PRIOR TO PAYMENT ARE REQUIRED FOR RECIPIENTS. THE DOCUMENTATION IS MONITORED AND AUDIT REPORTS ARE OBTAINED FOR GRANTEEES (SUBRECIPIENTS) THAT ARE REQUIRED TO HAVE AUDITS IN ACCORDANCE WITH THE UNIFORM GUIDANCE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **TAMPABAY WORKFORCE ALLIANCE, INC.** Employer identification number **59-365316**

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

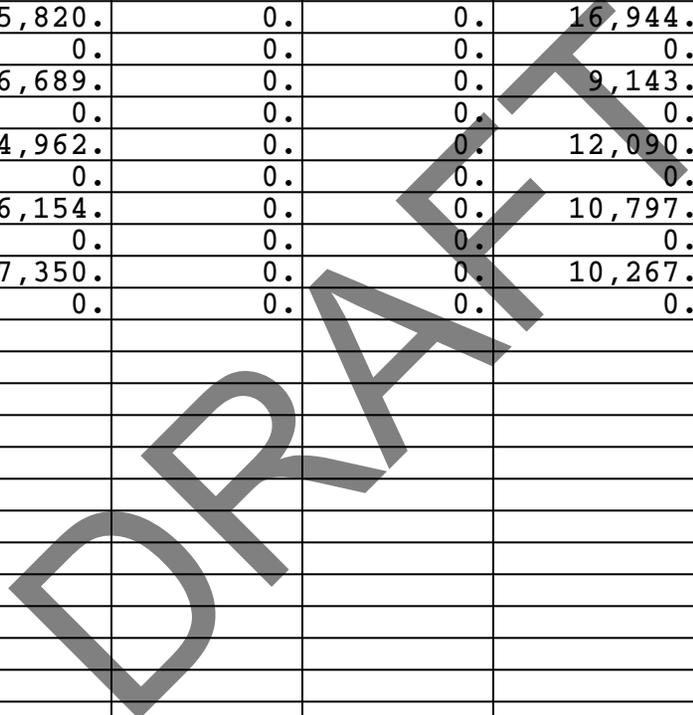
Schedule J (Form 990) (Rev. 12-2024)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHEILA DOYLE - CFO CO-INTERIM CEO UNTIL 1/8/2025	(i)	205,820.	0.	0.	16,944.	11,679.	234,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE ZIEZUILA COO UNTIL 6/6/2025	(i)	176,689.	0.	0.	9,143.	20,120.	205,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNA MUNRO - VP, FISCAL & ADMINISTRATIVE COMPLIANCE	(i)	144,962.	0.	0.	12,090.	19,842.	176,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BARRY MARTIN - VP OF HR & PROFESSIONAL DEVELOPMENT	(i)	126,154.	0.	0.	10,797.	21,722.	158,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOUG TOBIN - VP OF PUBLIC RELATIONS & MARKETING	(i)	117,350.	0.	0.	10,267.	29,475.	157,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



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.

SCHEDULE J, PART II

FOR THE FISCAL YEAR ENDING JUNE 30, 2025, TAMPA BAY WORKFORCE ALLIANCE, INC. PROVIDED (1) A PERSONAL TIME OFF (PTO) PAYOUT OF A PORTION OF UNUSED PTO HOURS FOR THOSE EMPLOYEES WHO ELECTED, SUBJECT TO CERTAIN LIMITATIONS, AND WITH CEO AUTHORIZATION AND (2) COST OF LIVING ADJUSTMENT FOR ELIGIBLE EMPLOYEES. THEREFORE, IN ADDITION TO AN EMPLOYEE'S BASE COMPENSATION, PART VII(D) REPORTABLE COMPENSATION FROM THE ORGANIZATION AND SCHEDULE J, PART II(B)(I) BASE COMPENSATION MAY ALSO INCLUDE PTO PAY OUT, AND COST OF LIVING ADJUSTMENT.

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

TAMPABAY WORKFORCE ALLIANCE, INC.

Employer identification number

59-3655316

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TAMPA BAY WORKFORCE ALLIANCE INC., PROVIDES JOB TRAINING AND EMPLOYMENT COUNSELING FOR THOSE INDIVIDUALS WHO NEED EMPLOYMENT, PROMOTES EMPLOYMENT FOR LOW-INCOME AND UNDEREMPLOYED INDIVIDUALS, AND ASSISTS WELFARE RECIPIENTS, DISABLED WORKERS, PERSONS AFFECTED BY LAYOFFS, AND OTHER HARD-TO-PLACE WORKERS IN FINDING MEANINGFUL EMPLOYMENT. THE ORGANIZATION ALSO PROVIDES BUSINESS CLIENT SERVICES TO INCLUDE EMPLOYEE MATCHING ON THE JOB TRAINING, AND INCUMBENT WORKER TRAINING.

FORM 990, PART I, LINE 5, NUMBER OF INDIVIDUALS EMPLOYED:

THE TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2024 IS COMPOSED OF 210 EMPLOYEES AND 161 PAID WORK EXPERIENCE (PWE) PARTICIPANTS. PWE IS A PLANNED, STRUCTURED, LEARNING EXPERIENCE WHERE ELIGIBLE PARTICIPANTS GAIN SHORT-TERM WORK EXPERIENCE WITH A THIRD-PARTY ORGANIZATION WHILE BEING PAID. TAMPA BAY WORKFORCE ALLIANCE, INC. SERVED AS THE EMPLOYER OF RECORD, PAID THE PWE PARTICIPANT, AND WAS RESPONSIBLE FOR ALL FEDERAL AND STATE EMPLOYMENT AND TAX FORMS FOR ONLY PART OF THE 2024-2025 FISCAL YEAR. A STAFFING AGENCY WAS THEN HIRED TO ACT IN THIS CAPACITY FOR THE REMAINDER OF THE FISCAL YEAR AND GOING FORWARD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TAMPA BAY WORKFORCE ALLIANCE INC., PROVIDES JOB TRAINING AND EMPLOYMENT COUNSELING FOR THOSE INDIVIDUALS WHO NEED EMPLOYMENT, PROMOTES EMPLOYMENT FOR LOW-INCOME AND UNDEREMPLOYED INDIVIDUALS, AND ASSISTS WELFARE RECIPIENTS, DISABLED WORKERS, PERSONS AFFECTED BY LAYOFFS, AND OTHER HARD-TO-PLACE WORKERS IN FINDING MEANINGFUL EMPLOYMENT. THE ORGANIZATION ALSO PROVIDES BUSINESS CLIENT SERVICES TO INCLUDE EMPLOYEE MATCHING ON THE JOB TRAINING, AND INCUMBENT WORKER TRAINING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EFFECTIVE JULY 1, 2024, TAMPA BAY WORKFORCE ALLIANCE, INC. MERGED WITH WORKNET PINELLAS, INC. AS PART OF THE REIMAGINING EDUCATION AND CAREER HELP (REACH) ACT. THE NET ASSETS OF WORKNET PINELLAS, INC. WERE ABSORBED BY TAMPA BAY WORKFORCE ALLIANCE, INC AND ARE REFLECTED IN THE AUDITED FINANCIAL STATEMENTS AS A CHANGE IN NET ASSETS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE: THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, UNEMPLOYMENT AND REEMPLOYMENT PROGRAMS, TRADE ADJUSTMENT ASSISTANCE, AND NATIONAL EMERGENCY GRANT PROGRAMS. ALL OF THESE PROGRAMS WERE IMPLEMENTED TO ENHANCE THE EMPLOYMENT SKILLS AND THE EMPLOYABILITY OF THE PARTICIPANTS. EXPENSES \$ 4,247,919. INCLUDING GRANTS OF \$ 13,969. REVENUE \$ 219,304.

FORM 990, PART III, 4A-4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE EXPENSES AMOUNTS REFLECTED IN 4A OF \$11,126,893, 4B OF \$5,302,235, AND 4C OF \$2,954,508 DOES NOT REFLECT THE ENTIRE COST OF A PROGRAM SERVICE AND EXCLUDES THE AMOUNT THAT RELATES TO MANAGEMENT AND GENERAL EXPENSE OF \$949,514, \$452,466, AND \$252,123, RESPECTIVELY.

FORM 990, PART VI, SECTION A, LINE 1A:

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

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization	Employer identification number
TAMPABAY WORKFORCE ALLIANCE, INC.	59-3655316

THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO EXERCISE THOSE POWERS OF THE BOARD, WHICH MAY BE LAWFULLY DELEGATED, TO MANAGE THE BUSINESS AND AFFAIRS OF THE ORGANIZATION BETWEEN MEETINGS OF THE BOARD SUCH AS WHEN TIME REQUIREMENTS DO NOT PERMIT CONSIDERATION AND ACTION BY THE FULL BOARD WITHOUT IMPACTING DELIVERY OF PROGRAMS OR SERVICES. THE EXECUTIVE COMMITTEE SHALL REPORT ALL ACTIONS FOR APPROVAL AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED TO INCLUDE LANGUAGE RESULTING FROM A MERGER BETWEEN TAMPA BAY WORKFORCE ALLIANCE, INC D/B/A CAREERSOURCE TAMPA BAY AND WORKNET PINELLAS, INC. D/B/A CAREERSOURCE PINELLAS. THESE CHANGES ARE GLOBAL THROUGHOUT THE DOCUMENT AND ARE REFLECTIVE OF MERGING THE TWO ENTITIES, BUT KEEP THE SAME STRUCTURE AS THE SURVIVING ENTITY. A COPY OF THE BYLAWS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE MOST SIGNIFICANT CHANGE IS THE WORDING REGARDING THE APPOINTMENT, REAPPOINTMENT, AND REVOCATION OF THE BOARD OF DIRECTORS. IT WAS PREVIOUSLY STATED THAT ALL BOARD MEMBER ARE APPOINTED, REAPPOINTED, OR REVOKED BY THE HILLSBOROUGH BOARD OF COUNTY COMMISSIONERS. THE NEW BYLAWS STATE THAT ALL BOARD MEMBERS ARE APPOINTED, REAPPOINTED, AND REVOKED BY THE CONSORTIUM. THESE CHANGES COMMENCED 7/1/2024.

FORM 990, PART VI, SECTION A, LINE 7A:

THE AUTHORITY TO APPOINT, REAPPOINT, AND REVOKE MEMBERS TO THE BOARD LIES SOLELY WITH THE CONSORTIUM. THE CONSORTIUM IS THE GROUP OF ELECTED OFFICIALS APPOINTED BY THE RESPECTIVE HILLSBOROUGH AND PINELLAS CHIEF LOCAL ELECTED OFFICIALS (CEOS) TO ACT AS THE CEOS FOR THE DESIGNATED REGION. MEMBERS OF THE BOARD SHALL SERVE AT THE PLEASURE OF THE CEOS AND MAY BE REMOVED EITHER WITH OR WITHOUT CAUSE AT ANY TIME.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF THE BOARD IN CONJUNCTION WITH THE APPROVAL OF THE CEOS, AND THE BUSINESS AFFAIRS OF THE TAMPA BAY WORKFORCE ALLIANCE WILL BE MANAGED UNDER DIRECTION OF THE BOARD AND THE CEOS. THE BOARD AND CEOS SHALL DIRECT STRATEGIC AND OPERATIONAL OVERSIGHT OF THE TAMPA BAY WORKFORCE ALLIANCE TO HELP DEVELOP A COMPREHENSIVE AND HIGH-QUALITY WORKFORCE DELIVERY SYSTEM IN THE LOCAL AREA.

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

A FINAL COPY OF FORM 990 IS PRESENTED TO APPLICABLE COMMITTEE AND BOARD OF DIRECTORS FOR ACCEPTANCE BEFORE BEING FILED WITH THE INTERNAL REVENUE SERVICE.

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

AT THE BEGINNING OF A BOARD MEETING WHEREBY CONFLICT OF INTEREST IS APPLICABLE, THE CONFLICT OF INTEREST POLICY IS REVIEWED AND RELATED PARTY PROCEDURES ARE FOLLOWED.

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

COMPENSATION IS DETERMINED INDEPENDENTLY BY AN ANNUAL REVIEW AND APPROVAL PROCESS. THIS IS APPROVED BY AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE DIRECTOR AND STAFF SALARIES OF THE ORGANIZATION SHALL BE SUBJECT TO THE LIMITATIONS ON THE PAYMENT OF SALARY AND BONUSES AS DESCRIBED IN WIOA SECTION 194(15) AND 2 CFR SECTION 200.430.

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

THEY ARE PROVIDED UPON REQUEST VIA THE FINANCE DEPARTMENT.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. TAMPABAY WORKFORCE ALLIANCE, INC.	Taxpayer identification number (TIN) 59-3655316
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4350 W CYPRESS STREET, 875	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33634-6392	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHEILA DOYLE**
4350 W CYPRESS STREET, 875 - TAMPA, FL 33634-6392

Telephone No. **813-397-2077** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.



Action Item

Tampa Bay Workforce Alliance, Inc. 401(k) Plan CPA Firm December 31, 2025

Background

Per Amended and Restated By-Laws of Tampa Bay Workforce Alliance, Inc. d/b/a CareerSource Tampa Bay (“By-Laws”), the Audit Committee’s responsibilities include but are not limited to: “Making recommendations to the Board on the selection of an independent auditor. Including terms of engagement and compensation.” [By-Laws, Article VII, Section 7.4(A)]

Tampa Bay Workforce Alliance, Inc. 401(k) plan must be audited by an independent qualified plan auditor to ensure the plan meets guidelines and regulations set by the IRS and Department of Labor.

Information

BDG-CPAs has previously audited the Tampa Bay Workforce, Inc. 401(k) plan. The firm has performed 800 plan audits in the past three decades and has received all unqualified quality control reports under the AICPA. BDG-CPAs has an exceptionally thorough, highly efficient, client convenient, fee economical audit process. The audit fee for the plan year ending December 31, 2025, totals \$9,000 and is competitively priced. The Average cost of small to medium plans range from \$8,000 to \$12,000 and varies based on the CPA firm and the specifics of an entity’s 401(k) plan.

Recommendation

Approval of BDG-CPA to audit Tampa Bay Workforce Alliance, Inc. 401(k) plan for the year ending December 31, 2025.



230 Park Avenue 3rd Floor
New York, NY 10169
212-359-0699
fax: 212-359-0701
www.bdgcpa.com

January 15, 2026

Ms. Anna Munro
VP, Fiscal and Administrative Compliance
CareerSource Tampa Bay
4350 West Cypress Street, Suite 875
Tampa, FL 33607

Dear Anna:

We are pleased to confirm our understanding of the services we are to provide for the Tampa Bay Workforce Alliance, Inc. 401(k) Plan (“the Plan”) for the year ended December 31, 2025 in connection with its annual reporting obligation under the Employee Retirement Income Security Act of 1974.

Audit Scope and Objectives

You have requested that we perform an ERISA Section 103(a)(3)(C) audit and report on the financial statements of the Tampa Bay Workforce Alliance, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the disclosures (collectively, the “financial statements”). As part of our audit, we will report on the supplemental schedules required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA-required supplemental schedules) as of or for the year ended December 31, 2025, in accordance with auditing standards generally accepted in the United States of America (GAAS). These schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

The financial statements and ERISA-required supplemental schedules are required to be included in the Plan's Form 5500 filing with the Employee Benefits Security Administration (EBSA) of the DOL.

Except as described in the following paragraph, the objectives of our audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America (GAAS) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment of a reasonable user made based on the financial statements.

You have determined it is permissible in the circumstances and elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by the trustee/custodian, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified

the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS. Those standards require that we are independent and that we fulfill our other ethical responsibilities relevant to the audit. For an ERISA Section 103(a)(3)(C) audit, the audit will not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America (GAAP). Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations, including prohibited transactions with parties in interest or other violations of ERISA rules and regulations, that are attributable to the Plan or to acts by management or employees acting on behalf of the Plan.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS, except as previously noted. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential and will include prohibited transactions in the supplemental schedule of nonexempt transactions as required by the instructions to Form 5500. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will obtain an understanding of the Plan and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to you and those charged with governance internal control related matters that are required to be communicated under professional standards.

We will identify significant risks of material misstatement as part of our audit planning and communicate them to you accordingly. According to GAAS, significant risks include management override of controls, and GAAS

presumes that revenue recognition is a significant risk and that risks of fraud exist in revenue recognition. For an employee benefit plan, revenue recognition may relate to investment income from investment valuations and to contributions. Accordingly, we have considered these as significant risks. If new significant risks are identified after the date of this initial communication, we will communicate them to you accordingly.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and direct confirmation of investments except those certified to by the trustee/custodian, and certain other assets and liabilities by correspondence with financial institutions, actuaries (if applicable), and other third parties. We may also request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We will communicate with management and those charged with governance certain matters as required by GAAS, including reportable findings identified during the audit of the Plan's financial statements as a result of testing relevant plan provisions.

As part of our audit, we will perform certain procedures as required by GAAS, directed at considering the Plan's compliance with applicable Internal Revenue Code (IRC) requirements for tax-exempt status, including whether management has performed relevant IRC compliance tests and has corrected or intends to correct failures. As we conduct our audit, we will be aware of the possibility that events affecting the Plan's tax status may have occurred. Similarly, we will be aware of the possibility that events affecting the Plan's compliance with the requirements of ERISA may have occurred. We will inform you of any instances of tax or ERISA noncompliance that come to our attention during the course of our audit. You should recognize, however, that our audit is not designed to, nor is it intended to, determine the Plan's overall compliance with applicable provisions of the IRC or ERISA.

The information included in the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, will be subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures in accordance with GAAS. Accordingly, our opinion will state whether the form and content of the supplemental schedules, other than the information agreed to or derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Our ERISA Section 103(a)(3)(C) audit of the financial statements does not relieve you of your responsibilities.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; for establishing an accounting and financial reporting process for determining appropriate value measurements; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America. You are also responsible for making drafts of financial statements, all financial records, and related information available to us; for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers); and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties, parties in interest, and all related-party and parties-in-interest relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the Plan from whom we determine it necessary to obtain audit evidence. You are also responsible for maintaining a current plan instrument, including all plan amendments; and for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants to determine the benefits due or which may become due to such participants. You are also responsible for determining whether (1) an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances; (2) the investment information is prepared and certified by a qualified institution as described in 29 CFR 2520.103-8; (3) the certification meets the requirements in 29 CFR 2520.103-5; and (4) the certified investment information is appropriately measured, presented, and disclosed in accordance with GAAP. You are also responsible for providing to us, prior to the dating of our report, a draft of the Plan's Form 5500 that is substantially complete. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Plan involving (1) Plan management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the Plan complies with applicable laws and regulations. You are responsible for the presentation of the ERISA-required supplemental schedules and that they were derived from, and relate directly to, the underlying accounting and other records used to prepare the financial statements, including their form and content, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior

management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Other Services

We will prepare or assist in preparing the financial statements of the Plan in conformity with U.S. generally accepted accounting principles based on information provided by you. We will perform this service in accordance with applicable professional standards. The other service is limited to the financial statement service as defined. We, in our sole professional judgement, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

As you have instructed, our engagement does not include preparation of the Plan's Form 5500. Statement on Auditing Standards No. 136, *Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA*, requires us to obtain and read the draft Form 5500 that is substantially complete to identify material inconsistencies, if any, with the audited financial statements before we date our report. We will, therefore, not issue our auditor's report until the draft Form 5500 that is substantially complete has been provided for our review. These procedures are not sufficient, nor are they intended, to determine that the Form 5500 is complete and accurate.

Engagement Administration, Fees, and Other

We understand that your personnel will assist in the preparation of all schedules, analyses, and confirmations we request and will locate any invoices or other documents selected by us for testing.

The audit documentation for this engagement is the property of BDG-CPAs and constitutes confidential information. However, we may be requested to make certain audit documentation available to the U.S. Department of Labor pursuant to authority given to it by law. If requested, access to such audit documentation will be provided under the supervision of BDG-CPAs personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the U.S. Department of Labor. The U.S. Department of Labor may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies.

Neil Della Torre, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

The fee for the audit, including out-of-pocket costs, is a fixed \$9,000. The fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the engagement. We will inform management of any extraordinary, unexpected matters that arise during the audit. Our invoices for these fees will be rendered as work progresses and are payable on presentation. Please remit a \$4,050 retainer payment with this engagement letter.

We pledge that our services will be of the highest quality. Our firm is a member of the Public Company Accounting Oversight Board as well as the Private Companies Practice Section and the Employee Benefit Plan Audit Quality Center of the American Institute of CPAs. As a member, our quality controls are reviewed every three years for compliance with the highest professional standards. In all our reviews to date, we received unqualified reports, the highest achievement.

Reporting

We will issue a written report upon completion of our audit of the Plan's financial statements and ERISA-required supplemental schedules. Our report will be addressed to a fiduciary of the Plan. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to further modify our report, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this

engagement. If our report will include other modifications, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the engagement, we may decline to issue a report or withdraw from this engagement.

We appreciate the opportunity to be of service to the Plan and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the attached copy and return it to us.

Very truly yours,
BDG-CPAs



Neil Della Torre, CPA
Partner

RESPONSE:

This letter correctly sets forth the understanding of the Tampa Bay Workforce Alliance, Inc. 401(k) Plan.

Ms. Anna Munro, VP, Fiscal and Administrative Compliance

Date

And / Or

Other Authorized Person

Date

cc:

Mike Magee, CPA, CFE
Larry Peters, CPA, EA



Information Item

Expenditure Reports for Period Ending January 31, 2026

Combined Budget to Actual
CareerSource Tampa Bay
For Period Ending 1/31/2026

Budget Category	Proposed 2025- 2026 Planning Budget - Mod #1	Actual as of 1/31/2026	\$ Remaining Budget	% Earned/ Expended
Revenue - Grants	28,359,728	12,395,069	15,964,659	44%
Revenue - Other	191,000	126,483	64,517	66%
Total Revenues	28,550,728	12,521,552	16,029,176	44%
Salaries	10,506,027	5,790,922	4,715,105	55%
Payroll Tax & Fringe	2,682,943	1,249,803	1,433,140	47%
Retirement	789,332	416,936	372,396	53%
Staff Training & Education	175,000	69,286	105,714	40%
Accounting & Professional fees	705,155	348,019	357,136	49%
Occupancy	2,191,629	1,228,319	963,310	56%
Contract Labor	675,728	428,146	247,582	63%
Office Expense	1,019,539	469,418	550,121	46%
Insurance	156,369	80,068	76,301	51%
Communications	203,920	107,034	96,886	52%
Community Outreach	576,341	172,452	403,889	30%
Travel	187,150	65,918	121,232	35%
Meetings & Conferences	94,200	30,634	63,566	33%
License, Dues & Other Fees	63,300	25,524	37,776	40%
Other expense	10,000	7,871	2,129	79%
Customer Training & Related Costs	7,905,455	1,896,034	6,009,421	24%
Service Provider Contract	315,000	128,095	186,905	41%
Total Expenses	28,257,088	12,514,479	15,742,609	44%
Projected Net Income/(Loss)	25,220	7,074		
Unobligated Balance	268,420	-		

Budget to Actual
Pinellas County
For Period Ending 1/31/2026

Budget Category	Proposed 2025- 2026 Planning Budget - Mod #1	Actual as of 1/31/2026	\$ Remaining Budget	% Earned/ Expended
Revenue - Grants	8,575,542	3,404,242	5,171,300	40%
Revenue - Other	95,000	41,399	53,601	44%
Total Revenues	8,670,542	3,445,641	5,224,901	40%
Salaries	3,235,028	1,734,123	1,500,905	54%
Payroll Tax & Fringe	728,525	351,084	377,441	48%
Retirement	244,972	126,905	118,067	52%
Staff Training & Education	58,650	19,337	39,313	33%
Accounting & Professional fees	194,100	61,583	132,517	32%
Occupancy	543,741	282,613	261,128	52%
Contract Labor	174,240	98,640	75,600	57%
Office Expense	313,119	105,506	207,613	34%
Insurance	52,132	30,508	21,624	59%
Communications	90,080	50,066	40,014	56%
Community Outreach	100,000	36,736	63,264	37%
Travel	55,250	13,132	42,118	24%
Meetings & Conferences	21,200	5,387	15,813	25%
License, Dues & Other Fees	28,100	7,285	20,815	26%
Other expense	5,000	3,575	1,425	72%
Customer Training & Related Costs	2,516,455	448,837	2,067,618	18%
Service Provider Contract	180,000	63,040	116,960	35%
Total Expenses	8,540,592	3,438,357	5,102,235	40%
Projected Net Income/(Loss)	12,000	7,284		
Unobligated Balance	117,950	-		

Budget to Actual
Hillsborough County
For Period Ending 1/31/2026

Budget Category	Proposed 2025- 2026 Planning Budget - Mod #1	Actual as of 1/31/2026	\$ Remaining Budget	% Earned/ Expended
Revenue - Grants	19,784,186	8,990,827	10,793,359	45%
Revenue - Other	96,000	85,084	10,916	89%
Total Revenues	19,880,186	9,075,911	10,804,275	46%
Salaries	7,270,999	4,056,799	3,214,200	56%
Payroll Tax & Fringe	1,954,418	898,719	1,055,699	46%
Retirement	544,360	290,031	254,329	53%
Staff Training & Education	116,350	49,949	66,401	43%
Accounting & Professional fees	511,055	286,436	224,619	56%
Occupancy	1,647,888	945,706	702,182	57%
Contract Labor	501,488	329,507	171,981	66%
Office Expense	706,420	363,912	342,508	52%
Insurance	104,237	49,560	54,677	48%
Communications	113,840	56,968	56,872	50%
Community Outreach	476,341	135,716	340,625	28%
Travel	131,900	52,785	79,115	40%
Meetings & Conferences	73,000	25,247	47,753	35%
License, Dues & Other Fees	35,200	18,239	16,961	52%
Other expense	5,000	4,296	704	86%
Customer Training & Related Costs	5,389,000	1,447,197	3,941,803	27%
Service Provider Contract	135,000	65,055	69,945	48%
Total Expenses	19,716,496	9,076,121	10,640,375	46%
Projected Net Income/(Loss)	13,220	(210)		
Unobligated Balance	150,470	-		

CareerSource Tampa Bay
 Combined Grant Award to Actual Expenditures
 FY 2025-2026
 For Period Ending 1/31/2026

Program Description	Award Begin Date	Award End Date	Award Amount	FY 25-26 Budget	FY 25-26 Expenditures YTD	FY 25-26 Remaining Budget	FY 25-26 Expenditure Rate	Overall Expenditure Rate Expected	Overall Expenditure Rate Actual
Workforce Innovation Opportunity Act									
WIOA - Adult PY2024	7/1/24	6/30/26	2,852,672	2,241,967	2,069,299	172,668	92%	79%	94%
WIOA - Adult PY2025	7/1/25	6/30/27	2,843,845	2,275,074	334,609	1,940,465	15%	29%	12%
WIOA - Dislocated Worker PY2024	7/1/24	6/30/26	3,594,257	970,478	400,614	569,864	41%	79%	84%
WIOA - Dislocated Worker PY2025	7/1/25	6/30/27	3,415,808	2,732,646	-	2,732,646	0%	29%	0%
WIOA - Youth PY2024	7/1/24	6/30/26	2,679,074	612,395	596,689	15,706	97%	79%	99%
WIOA - Youth PY2025	4/1/25	6/30/27	2,569,536	2,055,628	784,364	1,271,264	38%	37%	31%
WIOA - Supplemental	7/1/24	6/30/26	371,303	371,303	-	371,303	0%	79%	0%
WIOA - Rapid Response	7/1/25	6/30/26	350,000	350,000	93,038	256,962	27%	59%	27%
WIOA - Sectors - Get There Faster (Veterans & Military Spou	7/1/25	6/30/26	105,000	105,000	5,787	99,213	6%	59%	6%
WIOA - Sectors - Hope Navigator	7/1/24	8/31/25	256,254	14,792	12,570	2,222	85%	100%	99%
WIOA - Sectors - Hope Navigator	7/1/25	6/30/26	60,000	60,000	7,723	52,277	13%	59%	13%
WIOA - Sectors - Sectors of Strategic Focus	7/1/25	6/30/26	200,000	200,000	12,435	187,565	6%	59%	6%
WIOA - Youth Career Exploration	7/1/25	6/30/26	180,000	180,000	-	180,000	0%	59%	0%
WIOA - DWG Hurricane Helene/Milton	10/1/24	9/30/26	2,322,795	1,763,185	604,171	1,159,014	34%	67%	50%
WIOA - Opioid Recovery	12/20/24	12/31/26	275,000	262,154	51,416	210,738	20%	55%	23%
WIOA - Board Consolidation & Realignment	6/3/24	3/31/26	592,617	332,158	264,017	68,141	79%	91%	89%
Total Workforce Innovation Opportunity Act			22,668,161	14,526,782	5,236,732	9,290,050	36%		
Employment Services									
Wagner Peyser PY2024	7/1/24	9/30/25	2,409,633	463,731	463,731	0	100%	100%	100%
Wagner Peyser PY2025	7/1/25	9/30/26	2,339,640	2,064,640	1,156,113	908,527	56%	47%	49%
WP - Apprenticeship Navigator	7/1/25	6/30/26	80,000	80,000	65,749	14,251	82%	59%	82%
WP - Hope Navigator	7/1/23	8/31/25	112,488	8,207	8,207	(0)	100%	100%	100%
WP - Hope Navigator	7/1/25	6/30/26	78,571	78,571	45,456	33,115	58%	59%	58%
DVOP	10/1/24	6/30/26	369,289	280,000	51,762	228,238	0%	76%	38%
LVER	10/1/24	6/30/26	223,322	170,000	37,519	132,481	22%	76%	41%
Supplemental Nutrition Assistance Program PY2024	10/1/24	9/30/25	913,434	301,498	301,498	(0)	100%	100%	100%
Supplemental Nutrition Assistance Program PY2025	10/1/25	9/30/26	867,763	659,419	399,895	259,524	61%	34%	46%
TAA Training	7/1/25	9/30/26	65,000	65,000	4,558	60,442	7%	47%	7%
RESEA Transition PY2024	1/1/24	12/30/25	1,474,046	540,094	472,053	68,041	87%	100%	95%
RESEA Transition PY2025	1/1/25	9/30/26	1,366,959	1,020,209	320,653	699,556	31%	62%	23%
Military Family	7/1/25	6/30/26	230,000	230,000	171,204	58,796	74%	59%	74%
Total Employment Services			10,530,145	5,961,369	3,498,398	2,462,971	59%		
Welfare Transition									
Welfare Transition Program PY2024 Oct-June	10/1/24	8/31/25	4,322,954	787,588	787,588	0	100%	100%	100%
Welfare Transition Program PY2025 July-Sept	7/1/25	12/31/25	1,696,042	1,696,042	1,696,042	-	100%	100%	100%
Welfare Transition Program PY2025 Oct-June	10/1/25	8/31/26	3,747,255	3,392,680	748,396	2,644,284	22%	37%	20%
Total Welfare Transition			9,766,251	5,876,310	3,232,026	2,644,284	55%		
Direct Grants & Special Projects									
Hills County - Targeted Industry Sector Workforce Prog	10/1/24	9/30/25	500,000	216,685	163,791	52,894	76%	100%	90%
Hills County - Targeted Industry Sector Workforce Prog	10/1/25	9/30/26	500,000	475,000	96,186	378,814	20%	34%	19%
Hills County - ACE 5.0	10/1/24	9/30/25	755,000	535,371	108,066	427,305	20%	100%	50%
Hills County - ACE 6.0	10/1/25	9/30/26	755,000	566,250	35,205	531,045	6%	34%	5%
Hills County - Ex-Offender/Returning Citizen	10/1/24	9/30/25	150,000	92,336	8,875	83,461	10%	100%	61%
Hills County - Ex-Offender/Returning Citizen	10/1/25	9/30/26	112,500	84,375	994	83,381	1%	34%	1%
Good Jobs Initiative	7/1/23	6/30/26	25,250	25,250	-	25,250	0%	86%	0%
Total Direct Grants & Special Projects			2,797,750	1,995,267	413,117	1,582,150	21%		
Totals			\$ 28,359,728	12,380,273	15,979,455	44%			

Pinellas County
Grant Award to Expenditure Report
FY 2025-2026
For Period Ending 1/31/2026

Program Description	Award Begin Date	Award End Date	Award Amount	FY 25-26 Budget	FY 25-26 Expenditures YTD	FY 25-26 Remaining Budget	FY 25-26 Expenditure Rate	Overall Expenditure Rate Expected	Overall Expenditure Rate Actual
Workforce Innovation Opportunity Act									
WIOA - Adult PY2024	7/1/24	6/30/26	998,435	509,550	509,550	0	100%	79%	100%
WIOA - Adult PY2025	7/1/25	6/30/27	853,153	682,520	334,609	347,911	49%	29%	39%
WIOA - Dislocated Worker PY2024	7/1/24	6/30/26	1,293,933	268,180	155,925	112,255	58%	79%	91%
WIOA - Dislocated Worker PY2025	7/1/25	6/30/27	1,742,062	1,393,649	-	1,393,649	0%	29%	0%
WIOA - Youth PY2024	7/1/24	6/30/26	776,931	198,185	182,479	15,706	92%	79%	98%
WIOA - Youth PY2025	4/1/25	6/30/27	513,907	411,125	-	411,125	0%	37%	0%
WIOA - Supplemental	7/1/24	6/30/26	129,956	129,956	-	129,956	0%	79%	0%
WIOA - Rapid Response	7/1/25	6/30/26	75,000	75,000	24,482	50,518	33%	59%	33%
WIOA - Sectors - Get There Faster (Veterans & Military Spous	7/1/25	6/30/26	31,500	31,500	-	31,500	0%	59%	0%
WIOA - Sectors - Hope Navigator	7/1/24	8/31/25	128,127	4,532	4,532	0	100%	100%	100%
WIOA - Sectors - Hope Navigator	7/1/25	6/30/26	30,000	30,000	-	30,000	0%	59%	0%
WIOA - Sectors - Sectors of Strategic Focus	7/1/25	6/30/26	100,000	100,000	909	99,091	1%	59%	1%
WIOA - Youth Career Exploration	7/1/25	6/30/26	126,000	126,000	-	126,000	0%	59%	0%
WIOA - DWG Hurricane Helene/Milton	10/1/24	9/30/26	899,998	881,593	53,772	827,821	6%	67%	8%
WIOA - Opioid Recovery	12/20/24	12/31/26	82,500	81,813	18,472	63,341	23%	55%	23%
Total Workforce Innovation Opportunity Act			7,781,502	4,923,603	1,284,730	3,638,873	26%		
Employment Services									
Wagner Peyser PY2024	7/1/24	9/30/25	701,946	112,046	112,046	(0)	100%	100%	100%
Wagner Peyser PY2025	7/1/25	9/30/26	811,478	811,478	301,090	510,388	37%	47%	37%
WP - Apprenticeship Navigator	7/1/25	6/30/26	24,000	24,000	13,118	10,882	55%	59%	55%
WP - Hope Navigator	7/1/23	8/31/25	37,673	6,194	6,194	(0)	100%	100%	100%
WP - Hope Navigator	7/1/25	6/30/26	23,571	23,571	19,757	3,814	0%	59%	84%
DVOP	10/1/24	6/30/26	129,203	125,000	18,022	106,978	14%	76%	17%
LVER	10/1/24	6/30/26	76,060	75,000	2,077	72,923	3%	76%	4%
Supplemental Nutrition Assistance Program PY2024	10/1/24	9/30/25	208,901	78,632	78,632	0	100%	100%	100%
Supplemental Nutrition Assistance Program PY2025	10/1/25	9/30/26	254,211	199,258	141,372	57,886	71%	34%	56%
TAA Training	7/1/25	9/30/26	25,000	25,000	389	24,611	2%	47%	2%
RESEA Transition PY2024	1/1/24	12/30/25	553,042	212,747	144,706	68,041	68%	100%	88%
RESEA Transition PY2025	1/1/25	9/30/26	511,000	395,250	163,615	231,635	41%	57%	32%
Total Employment Services			3,356,085	2,088,176	1,001,018	1,087,158	48%		
Welfare Transition									
Welfare Transition Program PY2024 Oct-June	10/1/24	8/31/25	1,428,629	375,372	375,372	0	100%	100%	100%
Welfare Transition Program PY2025 July-Sept	7/1/25	12/31/25	500,321	500,321	500,321	0	100%	100%	100%
Welfare Transition Program PY2025 Oct-June	10/1/25	8/31/26	688,070	688,070	228,005	460,065	33%	37%	33%
Total Welfare Transition			2,617,021	1,563,764	1,103,698	460,066	71%		
Totals			\$ 8,575,542	3,389,446	5,186,096	40%			

Hillsborough County
Grant Award to Actual Expenditures
FY 2025-2026
For Period Ending 1/31/2026

Program Description	Award Begin Date	Award End Date	Award Amount	FY 25-26 Budget	FY 25-26 Expenditures YTD	FY 25-26 Remaining Budget	FY 25-26 Expenditure Rate	Overall Expenditure Rate Expected	Overall Expenditure Rate Actual
Workforce Innovation Opportunity Act									
WIOA - Adult PY2024	7/1/24	6/30/26	1,854,237	1,732,417	1,559,749	172,668	90%	79%	91%
WIOA - Adult PY2025	7/1/25	6/30/27	1,990,692	1,592,554	-	1,592,554	0%	29%	0%
WIOA - Dislocated Worker PY2024	7/1/24	6/30/26	2,300,324	702,298	244,689	457,609	35%	79%	80%
WIOA - Dislocated Worker PY2025	7/1/25	6/30/27	1,673,746	1,338,997	-	1,338,997	0%	29%	0%
WIOA - Youth PY2024	7/1/24	6/30/26	1,902,143	414,210	414,210	0	100%	79%	100%
WIOA - Youth PY2025	4/1/25	6/30/27	2,055,629	1,644,503	784,364	860,139	48%	37%	38%
WIOA - Supplemental	7/1/24	6/30/26	241,347	241,347	-	241,347	0%	0%	0%
WIOA - Rapid Response	7/1/25	6/30/26	275,000	275,000	68,556	206,444	25%	59%	25%
WIOA - Sectors - Get There Faster (Veterans & Military Spou	7/1/25	6/30/26	73,500	73,500	5,787	67,713	8%	59%	8%
WIOA - Sectors - Hope Navigator	7/1/24	8/31/25	128,127	10,260	8,038	2,222	78%	100%	98%
WIOA - Sectors - Hope Navigator	7/1/25	6/30/26	30,000	30,000	7,723	22,277	26%	59%	26%
WIOA - Sectors - Sectors of Strategic Focus	7/1/25	6/30/26	100,000	100,000	11,526	88,474	12%	59%	12%
WIOA - Youth Career Exploration	7/1/25	6/30/26	54,000	54,000	-	54,000	0%	59%	0%
WIOA - DWG Hurricane Helene/Milton	10/1/24	9/30/26	1,422,797	881,592	550,399	331,193	62%	67%	77%
WIOA - Opioid Recovery	12/20/24	12/31/26	192,500	180,342	32,944	147,398	18%	55%	23%
WIOA - Board Consolidation & Realignment	6/3/24	3/1/26	592,617	332,158	264,017	68,141	79%	95%	89%
Total Workforce Innovation Opportunity Act			14,886,659	9,603,179	3,952,002	5,651,177	41%		
Employment Services									
Wagner Peyser PY2024	7/1/24	9/30/25	1,707,687	351,685	351,685	0	100%	100%	100%
Wagner Peyser PY2025	7/1/25	9/30/26	1,528,162	1,253,162	855,023	398,139	68%	47%	56%
WP - Apprenticeship Navigator	7/1/25	6/30/26	56,000	56,000	52,631	3,369	94%	59%	94%
WP - Hope Navigator	7/1/23	8/31/25	74,815	2,013	2,013	0	100%	100%	100%
WP - Hope Navigator	7/1/25	6/30/26	55,000	55,000	25,699	29,301	0%	59%	47%
DVOP	10/1/24	6/30/26	240,086	155,000	33,740	121,260	22%	76%	49%
LVER	10/1/24	6/30/26	147,262	95,000	35,442	59,558	37%	76%	60%
Supplemental Nutrition Assistance Program PY2024	10/1/24	9/30/25	704,533	222,866	222,866	(0)	100%	100%	100%
Supplemental Nutrition Assistance Program PY2025	10/1/25	9/30/26	613,552	460,161	258,523	201,638	56%	34%	42%
TAA Training	7/1/25	9/30/26	40,000	40,000	4,169	35,831	10%	47%	10%
RESEA Transition PY2024	1/1/24	12/30/25	921,004	327,347	327,347	(0)	100%	100%	100%
RESEA Transition PY2025	1/1/25	9/30/26	855,959	624,959	157,038	467,921	25%	62%	18%
Military Family	7/1/25	6/30/26	230,000	230,000	171,204	58,796	74%	59%	74%
Total Employment Services			7,174,060	3,873,194	2,497,380	1,375,814	64%		
Welfare Transition									
Welfare Transition Program PY2024 Oct-June	10/1/24	8/31/25	2,894,325	412,216	412,216	(0)	100%	100%	100%
Welfare Transition Program PY2025 July-Sept	7/1/25	12/31/25	1,195,721	1,195,721	1,195,721	(0)	100%	100%	100%
Welfare Transition Program PY2025 Oct-June	10/1/25	8/31/26	3,059,185	2,704,610	520,391	2,184,219	19%	37%	17%
Total Welfare Transition			7,149,230	4,312,546	2,128,328	2,184,218	49%		
Direct Grants & Special Projects									
Hills County - Targeted Industry Sector Workforce Prog	10/1/24	9/30/25	500,000	216,685	163,791	52,894	76%	100%	90%
Hills County - Targeted Industry Sector Workforce Prog	10/1/25	9/30/26	500,000	475,000	96,186	378,814	20%	34%	19%
Hills County - ACE 5.0	10/1/24	9/30/25	755,000	535,371	108,066	427,305	20%	100%	50%
Hills County - ACE 6.0	10/1/25	9/30/26	755,000	566,250	35,205	531,045	6%	34%	5%
Hills County - Ex-Offender/Returning Citizen	10/1/24	9/30/25	150,000	92,336	8,875	83,461	10%	100%	61%
Hills County - Ex-Offender/Returning Citizen	10/1/25	9/30/26	112,500	84,375	994	83,381	1%	34%	1%
Good Jobs Initiative	7/1/23	6/30/26	25,250	25,250	-	25,250	0%	86%	0%
Total Direct Grants & Special Projects			2,797,750	1,995,267	413,117	1,582,150	21%		
Totals			\$ 19,784,186	8,990,827	10,793,359	45%			



Information Item

Pinellas County Transfer of Funds Agreement Update

Background

As part of the merger transition under Florida's REACH Act, CareerSource Pinellas entered into an agreement to transfer \$1,000,000 in unrestricted funds to Pinellas County to support workforce development activities in Pinellas County. Under the terms of that agreement, Pinellas County Economic Development committed to implementing specific workforce-related initiatives and providing periodic updates outlining how the funds are being utilized.

This agenda item provides Pinellas County Economic Development with the opportunity to present an update to the Board on progress toward the outlined activities and the expenditure of funds in accordance with the agreement.

TRANSFER OF FUNDS AGREEMENT

This **Transfer of Funds Agreement** is entered into as of July 11, 2024 (the “Effective Date”) between **Pinellas County**, a political subdivision of the State of Florida (the “County”) and WorkNet Pinellas, Inc., a Florida corporation, dba **CareerSource Pinellas**.

The parties agree as follows:

1. **Introduction**. Florida’s Reimagining Education and Career Help (the “REACH Act”) was approved by the Florida Legislature and signed into law by Governor DeSantis in 2021. Pursuant to the REACH Act, in 2023 the number of local workforce development boards in Florida was reduced from 24 to 21. This reduction included CareerSource Pinellas and CareerSource Tampa Bay. These workforce development boards will merge on or about June 30, 2024, to create CareerSource Hillsborough Pinellas.
2. **Purpose of this Agreement**. As of May 10, 2024, CareerSource Pinellas has approximately \$1,254,000 in unrestricted funds available for workforce services for individuals and employers in Pinellas County. At the March 20, 2024 meeting of the Board of Directors of CareerSource Pinellas, the Board approved the transfer of \$1,000,000.00 from the unrestricted funds to Pinellas County to be used for workforce services in Pinellas County (the “Funds”).
3. **Responsibilities of CareerSource Pinellas**. On or before the merger date CareerSource Pinellas will transfer the Funds to Pinellas County.
4. **Responsibilities of the County**. Upon receipt of the Funds, Pinellas County will use and distribute the Funds as follows:
 - a. Pinellas County will coordinate with economic development departments for the Pinellas County cities on industry roundtables and or create “A committee comprised of Pinellas County employees, CareerSource Hillsborough Pinellas Executive Management, CareerSource Hillsborough Pinellas board members and/or stakeholders of Pinellas County to discuss workforce concerns and relevant business services..
 - b. Pinellas County will research and coordinate strategies to support collaborative county-wide and regional workforce initiatives, including regular interaction with existing industry employers, educational institutions, and workforce providers as well as compiling and analyzing workforce data and trends to identify opportunities that align the demand and supply of talent in Pinellas County.
 - c. The Funds will be used solely for addressing issues and supporting labor force concerns, employee development and retention and community stabilization.
 - d. Interact with individuals seeking jobs in Pinellas County and for workforce services for Pinellas County employers.
 - e. Increase industry awareness of economic development and Career Source Hillsborough Pinellas services and incentives.
 - f. Status reports will be provided to CareerSource Pinellas, or, if after the merger to CareerSource Hillsborough Pinellas (to the applicable address below) outlining the use of the Funds.

- g. Within 60 days after the complete distribution of the Funds or the termination of this Agreement, whichever is applicable, provide CareerSource Pinellas, or, if after the merger to CareerSource Hillsborough Pinellas with an accounting of the use of the Funds.

5. **Notices.** Written notice, mailed or delivered to the last known mailing address, or address provided by a respective party, shall constitute sufficient notice to the other party. All notices required and/or made pursuant to this Agreement to be given must be in writing and given by way of hand delivery, email, or the United States Postal Service, first class mail, postage prepaid, addressed to the following addresses of record:

<p>To CareerSource Pinellas:</p> <p>Steven Meier, CPA Chief Executive Officer CareerSource Pinellas 13805 58th Street N., 2-140 Clearwater, FL 33760 SMeier@careersourcepinellas.com Phone (727) 608-1709 Cell (727) 365-8642</p>	<p>To Pinellas County:</p> <p>Dr. Cynthia Johnson Director Pinellas County Economic Development 13805 58th Street North, Suite 1-200 Clearwater, FL 33760 cyjohnson@pinellas.gov Phone: (727)464-7445 Cell: (727)410-4778</p>
<p>To CareerSource Hillsborough Pinellas</p> <p>TBD CareerSource Hillsborough Pinellas 4350 W. Cypress Street, Ste 875 Tampa, FL 33607</p>	

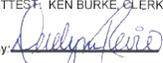
6. **Termination; Expiration.** Pinellas County may not use the Funds for any purpose other than the purposes set forth in this Agreement. If Pinellas County violates this provision or breaches any other term or condition of this Agreement, CareerSource Pinellas, or if after the merger, CareerSource Hillsborough Pinellas may demand return of the Funds that were spent on unauthorized uses, in which case Pinellas County shall return such Funds within thirty days of written demand. Otherwise this Agreement will automatically expire upon Pinellas County’s providing an accounting of the use of the Funds.

7. **Amendments.** No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document executed by the parties with the same formality as this Agreement. In the event of a conflict between the covenants, terms, and/or provisions of this Agreement and any written amendments hereto, the provisions of the latest executed instrument shall take precedence. In the event that CareerSource Pinellas is merged with

CareerSource Tampa Bay when a report, notice or other action under this Agreement is required or permitted, no amendment to this Agreement is necessary for CareerSource Hillsborough Pinellas to receive such report, notice or to take any action under this Agreement.

8. **Entire Agreement.** This Agreement constitutes the entire agreement between the Parties and shall supersede, replace, and nullify any and all prior agreements or understandings, written or oral, relating to the matters set forth herein, and any such prior agreements or understandings shall have no force or effect whatsoever on this Agreement.
9. **Governing Laws; Venue; Attorneys Fees and Costs.** The laws of the State of Florida shall govern all aspects of this Agreement. In the event it is necessary for any of the parties to initiate legal action regarding this Agreement, venue shall lie in Pinellas County, Florida. The parties hereby waive their right to trial by jury in any action, proceeding, or claim arising out of this Agreement which may be brought by any of the parties hereto. Each of the parties hereto warrants and represents that this Agreement is valid, binding and enforceable against and in accordance with the terms and conditions of Florida law. Each party shall bear its own costs and attorneys fee related to this Agreement, including the resolution of any disputes related to this Agreement.
10. **Severability.** All clauses of this Agreement act independently of each other. If a clause is found to be illegal or unenforceable, it shall have no effect on any other provision of this Agreement. The parties agree that if any part, term, or provision of this Agreement is held by a court of competent jurisdiction to be illegal or in conflict with any law of the State of Florida or the United States, the validity of the remaining portions or provision shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular part, term, or provision held to be invalid.
11. **Public Records.** The parties mutually acknowledge their respective obligation to adhere to and comply with all of the provisions of the Florida Public Records Act, as set forth in Chapter 119 of the Florida Statutes.
12. **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed and original and all of which, taken together, shall constitute one agreement. Any counterpart may be delivered by any party of transmission of signature pages to the other parties at the addresses set forth herein, and delivery shall be effective and complete upon completion of such transmission; manually signed copies of signature pages shall nonetheless be delivered promptly after any such pdf/email delivery.
13. **Construction of Agreement.** The parties hereby agree that they have reviewed this Agreement, have consulted with their respective legal counsel, and participated in the drafting of this Agreement, and that this Agreement is not to be construed against any party as if it were the drafter of this Agreement.
14. **Conflicts.** The terms of this Agreement shall control of any conflicting terms in any referenced agreement or document.

Authorized parties are signing this Agreement on the Effective Date in the introductory clause.

<p>WorkNet Pinellas, Inc.</p> <p>By: </p> <p>Name: Steven Meier, CPA</p> <p>Title: Chief Executive Officer</p>	<p>Pinellas County</p> <p>By: </p> <p>Name: Kathleen Peters</p> <p>Title: Chair</p> <p>ATTEST: KEN BURKE, CLERK By: </p> 
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APPROVED AS TO FORM
By: Cody J. Ward
Office of the County Attorney

Transfer of Funds Agreement – CareerSource Tampa Bay Update

Reporting Period: October 1, 2024 – December 31, 2025

Agreement Summary

At its March 20, 2024, meeting, the Board of Directors of CareerSource Pinellas (now CareerSource Tampa Bay) approved the transfer of \$1,000,000 in unrestricted funds to Pinellas County for the provision of workforce services within the county. Following this approval, a Transfer of Funds Agreement was executed between CareerSource Pinellas and Pinellas County.

This memorandum provides a status update on deliverables and expenditures under the Transfer of Funds Agreement. Overall, required agreement activities are being met or are ongoing, with key milestones completed related to employer engagement, workforce collaboration, and data reporting. Workforce funds have been used for targeted capacity-building investments and remain within agreement parameters.

Agreement Overview

- **Partner:** CareerSource Tampa Bay (CSTB)
 - **Agreement Period:** July 11, 2024 – Agreement will expire upon Pinellas County’s providing an accounting of the use of the funds.
 - **Reporting Period:** October 1, 2024 – December 31, 2025
 - **Purpose:** Support workforce development collaboration, employer engagement, job seeker interaction, and industry awareness activities consistent with Section 4 of the agreement.
-

Compliance Status

All required deliverables under Section 4 are either completed or ongoing and on track. Activities not explicitly required by the agreement (staffing and systems investments) were undertaken to strengthen program delivery and regional workforce coordination.

Financial Summary

- **Total Workforce Funds Used to Date:** \$25,000
 - **Use of Funds:**
 - \$5,000 for HIRE the St. Pete Way Initiative
 - \$20,000 for the OpenGov Grants Module to administer workforce program
 - **All other agreement activities:** Delivered without use of workforce funds.
-

Outcomes & Impact

- Expanded engagement with over 135 existing industry employers and 46 education/workforce partners. (2/2025 – 12/2025)
 - Successful convening of a manufacturing industry roundtable supporting employer-driven workforce dialogue. (9/24/2025)
 - Completion of a Workforce Data & Trends Dashboard, improving access to actionable labor market insights. (9/2025)
 - Completion of marketing/promotional items including print collateral and workforce page web site development.
 - Ongoing interaction with job seekers through job fairs and increased awareness of CSTB services and incentives across target industries.
 - Conduct weekly coordination meetings between Pinellas County Economic Development and CSTB staff to ensure alignment and consistent service delivery.
 - CSTB Chief Executive Officer Keidrian Kunkel has been appointed to the One Pinellas Business Alliance and serves as CSTB's representative on the Skills Enhancement Training Program Review Committee.
-

Skills Enhancement Training Program

As a result of industry need and assessment of filling the skills gap in high wage industry sectors, the Skills Enhancement Training (SET) Program has been established. The SET program offers funding to target industry employers for the development and implementation of customized training programs. PCED's target industries include: Manufacturing, Aviation & Aerospace, Business & Financial Services, Defense & Homeland Security, Information Technology, and Life Sciences & Medical Technologies. This program prioritizes upskilling existing talent within these strategically identified industries, fostering a highly skilled workforce that meets the evolving demands of the market.

Staff completed the setup and configuration of the online application system and officially launched the program on December 18, 2025. The program is now in the marketing phase, with staff actively conducting outreach and providing one-on-one assistance to multiple target industry employers to support application submissions. As of March 2nd, there are currently seven applications in the queue in various stages of completion.

March 6, 2026

Meridian One
4350 West Cypress Street Suite 875 | Tampa, FL 33607
CareerSourceTampaBay.com

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CareerSource Tampa Bay is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed on this website may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

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