



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning JULY 01, 2010, and ending JUNE 30, 2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORKNET PINELLAS, INC		D Employer identification number 73-1678180
	Doing Business As		E Telephone number (727) 507-4300
	Number and street (or P O box if mail is not delivered to street address) Room/Suite 13805 58TH STREET N NO. 2-140		G Gross receipts \$ 20,267,076
	City or town, state or country, and ZIP + 4 Clearwater FL 33760		
	F Name and address of principal officer		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.WORKNETPINELLAS.ORG			
H(c) Group exemption number			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2001	M State of legal domicile FL

Part I Summary

ACTIVITIES & GOVERNANCE	1 Briefly describe the organization's mission or most significant activities See attachment #1		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	323
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
REVENUE	8 Contributions and grants (Part VIII, line 1h)	Prior Year 19,328,204	Current Year 20,266,622
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	640	454
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,328,844	20,267,076
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,917,826	7,011,906
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25)		
EXPENSES	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,406,835	13,243,540
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	19,324,661	20,255,446
	19 Revenue less expenses Subtract line 18 from line 12	4,183	11,630
	20 Total assets (Part X, line 16)	Beginning of Current Year 4,326,400	End of Year 2,748,942
	21 Total liabilities (Part X, line 26)	4,155,018	2,565,930
	22 Net assets or fund balances Subtract line 21 from line 20	171,382	183,012

Part III 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.

Sign Here	Signature of officer	Date 2/11/12
	ED PEACHEY CEO	
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 1/31/12	Check <input type="checkbox"/> if self-employed	PTIN P01561880
	Firm's name	POWELL & JONES CPAS		Firm's EIN	
	Firm's address	1359 SW MAIN BLVD		Phone no	
	LAKE CITY FL 32025			(386) 755-4200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒

- 1**
- Briefly describe the organization's mission:

See attachment #2

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

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

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

If "Yes," describe these changes on Schedule O

- 4**
- Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 8,606,096 including grants of \$) (Revenue \$ 9,562,329)

See attachment #3

4b (Code) (Expenses \$ 3,498,380 including grants of \$) (Revenue \$ 3,887,089)**4c** (Code) (Expenses \$ 2,324,825 including grants of \$) (Revenue \$ 2,583,139)

- 4d**
- Other program services (Describe in Schedule O)

(Expenses \$ 3,724,932 including grants of \$) (Revenue \$ 3,827,327)

4e Total program service expenses ► \$ 18,154,233

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	N/A	

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 323		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	N/A	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	X

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

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	41
b Enter the number of voting members included in line 1a, above, who are independent	1b	41
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N/A
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in 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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► See attachment #4

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	DIRECTOR	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHLY COMPENSATED	FORMER			
SEE LIST OF BOARD OF DIRECTORS			X						0	0	0
ED PEACHEY PRESIDENT AND CEO	40.00				X		X		126,912	0	0
SUE DONALD FINANCE DIRECTOR	40.00				X				89,346	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 (describe hours for related organizations in Schedule O)	(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	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
1b Sub-total									216258	0	0
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)									216258	0	0

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

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
See attachment #5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 15

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER CONTRIBUTIONS AND SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	20,158,388			
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	108,234			
	g	Noncash contributions included in lines 1a-1f		\$			
	h	Total. Add lines 1a-1f		20,266,622			
PROGRAM SERVICE REVENUE			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		454	454		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
	See Part IV, line 18	a					
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		20,267,076	454			

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	5,466,493	4,273,946	1,192,547	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	357,756	291,326	66,430	
9 Other employee benefits	755,927	596,180	159,747	
10 Payroll taxes	431,730	338,713	93,017	
11 Fees for services (non-employees)				
a Management				
b Legal	150,801		150,801	
c Accounting	104,793		104,793	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	200,959	191,416	9,543	
13 Office expenses	630,827	617,946	12,881	
14 Information technology				
15 Royalties				
16 Occupancy	901,037	755,652	145,385	
17 Travel	65,849	32,778	33,071	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,060	1,457	28,603	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization #6	20,531	20,531		
23 Insurance	57,612	3,094	54,518	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CUSTOM TRAINING AND SUPPORT	7,542,469	7,542,469		
b SERVICE PROVIDER CONTRACTS	3,123,132	3,123,132		
c CONTRACT SERVICES & LABOR	286,898	264,315	22,583	
d PUBLICATIONS SUBSCRIPTIONS	120,364	100,800	19,564	
e OTHER EXPENSES	8,208	478	7,730	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	20,255,446	18,154,233	2,101,213	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing	184,007	1	357,004
	2 Savings and temporary cash investments	199,935	2	
	3 Pledges and grants receivable, net	3,422,383	3	1,950,228
	4 Accounts receivable, net	66,410	4	20,901
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	388,261	9	375,935
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.	10a 475,862		
	b Less accumulated depreciation	10b 430,988	10c	44,874
	11 Investments -- publicly traded securities		11	
	12 Investments -- other securities See Part IV, line 11		12	
	13 Investments -- program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,326,400	16	2,748,942	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	2,567,765	17	2,195,419
	18 Grants payable		18	
	19 Deferred revenue	1,587,253	19	370,511
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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 Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,155,018	26	2,565,930
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	105,978	27	138,138
	28 Temporarily restricted net assets	65,404	28	44,874
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	171,382	33	183,012
	34 Total liabilities and net assets/fund balances	4,326,400	34	2,748,942

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,267,076
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,255,446
3	Revenue less expenses Subtract line 2 from line 1	3	11,630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171,382
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	183,012

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Department of the Treasury
Internal Revenue Service

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

2010

**Open to Public
Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

WORKNET PINELLAS, INC

73-1678180

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,219,609	11,400,040	12,320,014	19,328,204	20,266,622	75,534,489
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	12,219,609	11,400,040	12,320,014	19,328,204	20,266,622	75,534,489
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						75,534,489

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	12,219,609	11,400,040	12,320,014	19,328,204	20,266,622	75,534,489
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,082	1,146	1,529	640	454	4,851
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 IV.)						
11 Total support. Add lines 7 through 10						75,539,340
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	99.99 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test -- 2010. 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 -- 2009. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

WORKNET PINELLAS, INC

Employer identification number

73-1678180

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

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" to 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 XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(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		67,859	37,322	30,537
d Equipment		408,003	393,666	14,337
e Other				

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ☐ 44,874

Part VII Investments – Other Securities. 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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,267,076
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,255,446
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,630
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	11,630

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

1	Total revenue, gains, and other support per audited financial statements	1	20,267,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,267,076
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	20,267,076

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

1	Total expenses and losses per audited financial statements	1	20,255,446
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	20,255,446
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	20,255,446

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

WORKNET PINELLAS, INC

Employer identification number

73-1678180

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV**Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARLISLE AND FIELDS AND COMPANY LLC See Attachment	FORMER BOARD MEMBER	57,612	THE ORGANIZATION PURCHASES INSURANCE FROM CARLISLE, FIELDS AND COMPANY, LLC.		X

Part V**Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

WORKNET PINELLAS, INC

Employer identification number

73-1678180

FORM 990 PART VI, SECTION B, LINE 11 - THE 990
IS PREPARED BY THE ORGANIZATION'S INDEPENDENT AUDITORS WITH
ASSISTANCE FROM THE CFO. THE FINALIZED FORM 990
IS REVIEWED BY THE CFO, CEO AND THE FINANCE
COMMITTEE BEFORE SUBMISSION.

FORM 990 PART VI, SECTION B LINE 15
COMPENSATION OF THE PRESIDENT AND CEO AND THE OTHER EMPLOYEES OF THE
ORGANIZATION IS DETERMINED UTILIZING A REVIEW
OF SALARY RANGES OF ALL COMPARABLE AGENCIES
IN FLORIDA CONDUCTED BY A THIRD PARTY.

AN EVALUATION PROCEDURE IS UTILIZED TO DETERMINE THE
AMOUNT OF ANY SALARY INCREASES. THE ALLOWABLE
PERCENTAGES ARE APPROVED BY THE BOARD OF DIRECTORS,
A SUBGROUP OF WHICH PERFORMS THE EVALUATION.

FORM 990 PART VI SECTION B LINE 12C
INTERNALLY IT IS THE RESPONSIBILITY OF THE ADMINISTRATIVE
ASSISTANT TO REVIEW THE AGENDAS AND IDENTIFY ANY POSSIBLE CONFLICTS OF
OF INTEREST PRIOR TO THE BOARD MEETINGS. THE
ATTORNEY IS ALSO RESPONSIBLE AND ATTENDS THE
MEETINGS OF THE BOARD AS WELL AS MONITORS RELATED PARTY TRANSACTIONS.
BOARD MEMBERS DISCLOSE AND SIGN RELATED PARTY INTEREST FORMS ANNUALLY.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: Form 990 Page 1, Part I

Open to Public			
Inspection	For calendar year 2010 or tax period beginning	07-01	, and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC			Employer Identification Number 73-1678180

Primary Purpose

THE MISSION OF THE ORGANIZATION IS TO ENHANCE THE PROVISION OF WORKFORCE DEVELOPMENT SERVICES, INCREASE THE INVOLVEMENT OF THE BUSINESS COMMUNITY, INCREASE EMPLOYMENT OPPORTUNITIES AND USE FUNDING TO SATISFY LABOR DEMAND NEEDS OF RESIDENTS AND THE BUSINESS COMMUNITY OF PINELLAS COUNTY.

990 PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 2, Part III

Open to Public			
Inspection	For calendar year 2010 or tax period beginning	07-01-2010, and ending	06-30-2011.
Name of Organization WORKNET PINELLAS, INC			Employer Identification Number 73-1678180

Primary Purpose

THE MISSION OF THE ORGANIZATION IS TO ENHANCE THE PROVISION OF WORKFORCE DEVELOPMENT SERVICES, INCREASE THE INVOLVEMENT OF THE BUSINESS COMMUNITY, INCREASE EMPLOYMENT OPPORTUNITIES AND USE FUNDING TO SATISFY LABOR DEMAND NEEDS OF RESIDENTS AND THE BUSINESS COMMUNITY OF PINELLAS COUNTY.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 07-01-2010, and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC	Employer Identification Number 73-1678180

Part III - Statement of Program Service Accomplishments

Code	Expenses	8,606,096	including Grants of	Revenue	9,562,329
Exempt Purpose Achievements					

WORKFORCE INVESTMENT ACT - WIA PROGRAMS PROVIDE YOUTH, ADULTS AND DISLOCATED WORKERS WITH THE INFORMATION , ADVICE, JOB SEARCH ASSISTANCE AND TRAINING THEY NEED TO GET AND KEEP GOOD JOBS AND PROVIDE EMPLOYERS SKILLED WORKERS.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 07-01-2010, and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC	Employer Identification Number 73-1678180

Part III - Statement of Program Service Accomplishments

Code	Expenses	3,498,380	including Grants of	Revenue.	3,887,089
Exempt Purpose Achievements					

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES - TANF PROGRAMS ARE DESIGNED TO EMPHASIZE WORK, SELF-SUFFICIENCY AND PERSONAL RESPONSIBILITY FOR WELFARE RECIPIENTS AND TO ENABLE THEM TO MOVE FORM WELFARE TO WORK.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning	07-01-2010, and ending	06-30-2011
Name of Organization WORKNET PINELLAS, INC			Employer Identification Number 73-1678180

Part III - Statement of Program Service Accomplishments

Code	Expenses	2,324,825	including Grants of	Revenue	2,583,139
Exempt Purpose Achievements					

ARRA SUBSIDIZED EMPLOYMENT - THE PURPOSE OF THIS PROGRAM IS TO SECURE AND SUBSIDIZE JOBS FOR ADULTS WHO MEET THE PROGRAM ELIGIBILITY REQUIREMENTS.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2010, or tax period beginning 07-01-2010, and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC	Employer Identification Number 73-1678180

Part III - Statement of Program Service Accomplishments

Code	Expenses.	3,724,932	including Grants of	Revenue	3,827,327
Exempt Purpose Achievements					

ALL OF THE PROGRAMS OF THE ORGANIZATION ARE RELATED TO FEDERALLY AND STATE FUNDED PROJECTS THAT ARE DESIGNED TO TARGET SEGMENTS OF THE UNEMPLOYED OR UNDEREMPLOYED POPULATION OF THE REGIONAL WORKFORCE BOARD. THESE INCLUDE PROGRAMS FOR VETERANS, FOOD STAMP RECIPIENTS, YOUTH, JOB SEEKERS AND EMPLOYERS AND OTHER PROGRAMS.

990 BOOKS ARE IN CARE OF

Attachment 4: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2010 or tax period beginning 07-01, and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC	Employer Identification Number 73-1678180
Part VI - Line 20	

Individual Name SUE DONALD
or
Business Name

Street Address ... 13805 58TH ST N NO2-140

U S Address

Zip code 33760 City Clearwater State FL
or

Foreign Address

City ..

Province or State

Country

Postal code

Phone Number (727) 507-4300

Fax Number

990 SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 6: Form 990 Page 10, Part IX, Line 22

Open to Public Inspection	For Calendar year 2010, or tax year period beginning 07-01-2010 and ending 06-30-2011
Name of Organization WORKNET PINELLAS, INC	Employer Identification Number 73-1678180

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
SEE LIST OF EQUIPMENT ATTACHED						20,531
Total:						20,531

Attachment 5: Form 990 Page 8, Part VII

Name of Organization

Employer Identification Number

73-1678180

(a) Name and address of each independent contractor paid more than \$100,000

JVA Copyright Forms (Software Only) - 2010 TW L1105F 10_EO42

Attachment 7: Sch L, Part IV - Business Transactions Involving Interested P

WORKNET PINELLAS Board of Directors		Board Members July 1, 2010 June 30, 2011	
Board Member Name	Date Appointed	Entity(s) Representing ⁽¹⁾	
Abraben, Keith W	6/1/2011	Avantair, Inc	
Andriso, Dan	Original Member-10 years	Professional Resources Group	
Archie, David	Original Member-10 years	Citizens Alliance for Progress	
Arnold, Robert	6/1/2011	Suncoast Hospice for Learning	
Baker, Ivan	10/1/2006	United Capital Funding Corp	
Benedict, Lourdes	10/1/2006	Dept of Children and Families	
Brethauer, Craig	Original Member-10 years	BayCare Team Resources	
Brickfield, Neil	Jan 2009-Dec 2010	Pinellas County BCC	
Britt, Lounell	July 2008	James B Sanderlin Neighborhood Family	
Brooks, Eleanor	5/1/2011	Pinellas Opportunity Council, Inc	
Campbell, Gloria	Original Member-10 years	Advantage Training Systems	
Carlisle, Pat	Dec 2004	Connelly, Carlisle, Fields & Nichols	
Cherry, Liz	Oct 2006	Cherry & Company	
Comber, Michael	Sept 2001	Plumbers and Pipefitters Local 123	
Cooley, Guy	Original Member-10 years	Coordinated Child Care of Pinellas, Inc	
Cranford, Sondra	10/1/2007	Central Florida Institute	
Cretekos, George	7 2007	City of Clearwater - Councilmember	
Daugherty, Steven	7/1/2009	Northside Hospital & TBHI	
Daye, Charles	Dec 2010	Ceridian	
Deegan, James	Original Member-10 years	Eckerd College	
Dunn, Rick	Original Member-10 years	City of St Petersburg	
Fejoo, Roland	8/1/2009	Extensys, Inc	
Fries, David	8/1/2009	VODA, LLC Bioplex Technologies, Inc	
Furr, Terri (Oliverio)	12/1/2006	Outback Steakhouse Front Burner Brands	
Geller, Jack	8/1/2003	Harper, Kynes, Geller, Greenleaf & Frayman PA	
Gibbons, Deveron	4/9/03 + 1/2010	Holland & Knight-AmScot Corp	
Green, Aundre	8/1/2009	General Dynamics Ordnance and Tactical Sys	
Howell, John	12/2/2009	DOE-VOC Rehab	
Jameson, Cindy	Original Member-10 years	Consultant (prev BrightHouse)	
Janssen, Julie	Jan 2009	Pinellas County Schools	
Law, Bill	7/1/2010	St Petersburg College	
Leggette, Russell	Apr 2003	Florida Pipe Trades	
Leisner, Tony	Original Member-10 years	Watersedge Properties, Inc	
Meidel, Mike	Original Member-10 years	Pinellas County Economic Development	
Mixson, Steve	Aug 2009	Verizon	
Newton, Wengay	8/1/2009	City of St Petersburg Council	
Nicklaus-Ball, Lenne'	03 2008	Sirata Beach Resort	
Noah, Wendy	10/1/2010	Johnson Controls	
O'Meara, Michael	05 2006	Pinellas County Veteran's Liaison Council	
O'Neil, Maureen (Nowotarski)	July 2008	PARC	
Price, William	7/1/2005	PDR Certified Public Accountants	
Protz, Bill	4/1/2003	Catalina Marketing Corp	
Roche, Norm	1/11/2011	Pinellas County BCC	
Sarnoff, Stephen	10/1/2006	Communications Workers of America	
Toomey, Paul	7/1/2005	Geographic Solutions, Inc	
Veneri, Darren	Dec 2003	Norwood & BIC Graphic-North America	
Weatherilt, Nathan	4/1/2011	Cherry, Bekaert & Holland, LLP	
Weber, Pat	5/1/2004	The Housing Authority of Tarpon Springs	
Welch, David	Original Member-10 years	Welch Accounting Services	
Zecker, Fred	Nov 2004	Pinellas Opportunity Council, Inc	

PRIOR MEMBERS:

Barthalow, George	9/22/09 to 6/30/11 (temp)	
Bennett, James	Mar 2007	City of St Petersburg
Brickfield, Neil	Jan 2009-Dec 2010	Pinellas County BCC
Buchholtz, Sue	5/1/06	PARC
Cherry, Liz	Oct 2006	Cherry & Company
Coleman, Beth	7/1/05	Clearwater Regional Chamber of Commerce
Flowers, Rene	Founding Member	St Petersburg City Council
Furlong, Thomas	Feb 2010-Mar 2010	St Petersburg College
Gaskin-Capehart, Nikki	Apr 2003 and Jan 2010	Sanna' Systems, Inc
Gibbons, Deveron	4/9/03 + 1/2010	Holland & Knight-AmScot Corp
Gowans, Lee	6/29/05	Morgan Stanley Financial Services
Harris, Calvin	2006	Pinellas County BCC
Hogan, David	2006	Clearwater Fire Dept-IAFF Local 1158
Jackson-Garnett, Beverly	(prior to 12/01)	GPS Relocation Resources, Inc
Jonson, Bill	6/29/05	City of Clearwater
Klement, John	4/1/03	Medical Network Solutions
Kuttler, Carl	Original Member/9 years	St Petersburg College
Lara, Odalys	(prior to 12/01)	Perzel & Lara Forensic CPA's, P A
Livingston, Bruce	7/1/05	Boyd Industries, Inc
Loughlin, Bonnie	3/1/07	Eastern Financial FL Credit Union
Miller, David	Founding Member	Pinellas County veterans Liaison Council
Mixson, Steve	Aug 2009	Verizon
Parks, Sallie	(prior to 12/01)	Area Agency on Aging
Pierce, Mary	Apr-06	Vocational Rehabilitation
Queen, Ginger	Aug 2007 - 2009	Arthur Rutenberg Homes, Inc
Richards, Lynn	Founding Member	FL Dept of Children & Families
Risco, Maria	Founding Member	Vocational Rehabilitation
Shirley, Ben	Jan 2006	FL Dept of Children & Families
Snow, Deborah	Jan 2008	Jabil Circuit
Sullivan, Leroy	Founding Member	TECO Peoples Gas
Thomas, Curt	Founding Member	Pinellas Assoc for Retarded Children
Welch, Commissioner Kenneth	(prior to 12/01)	Pinellas County BCC
White, Karen	Nov 2004	University of South Florida
Wilcox, Clayton	Nov 2004	Pinellas County Schools
Williams, Earnest	5/06 to 3/07	City of St Petersburg
Zecker, Fred	Nov 2004	Pinellas Opportunity Council, Inc

WORKNET PINELLAS, INC
Schedule of Fixed Assets
As of June 30, 2011

Note Title to the grant-purchased property vests in the RWB. Additionally, federal participation in the cost of equipment as listed below by funding source is 100%

Asset Category Legend

Equipment Vehicles Leasehold Improvements

Asset Number	Location	ITEM	Funding Source	Serial Number	PO #	Purchase Date	LIFE	COST	Net Book Value @ 6-30-11	FY11 Depreciation	Net Book Value @ 6-30-11	Total Accumulated Depreciation
00258	Gulf to Bay Admin	Snap Server	Wagner Payser	NO SERIAL	417614	1062	6/3/2005	3	5,248.75	-	5,248.75	5,248.75
99112	Gulf to Bay Admin	TELEPHONE SWITCH SYSTEM	Wagner Payser	8H36CCCCJ1X6		213192	7/22/2003	3	123,138.98	(0.00)	123,138.98	123,138.98
06227	Gulf to Bay	COMPAQ DL380 G3 CLUSTER	Wagner Payser	N/A		2017	6/16/2006	3	20,561.19	-	20,561.19	20,561.19
N/A	1st Ave	Televantage Phone System	Wagner Payser	N/A		1068	7/1/2006	15	27,794.00	-	27,794.00	27,794.00
06226	SoCo	ADA Restroom	Wagner Payser	FD9WV91		2022	5/5/2006	3	15,513.00	-	15,513.00	15,513.00
06226	SoCo	Document Capture/Retrieval System	Wagner Payser	FD9WV91		2022	5/5/2006	3	38,500.00	-	38,500.00	38,500.00
06226	SoCo	Dell PowerEdge 2850 Server	Wagner Payser	FD9WV91		2022	5/5/2006	3	6,500.00	-	6,500.00	6,500.00
Total Wagner Payser									237,255.92	(0.00)	237,255.92	237,255.92
00217	Gulf to Bay	Snap Server	Welfare Transition	CD2NL61		1025	1/14/2005	3	5,202.75	-	5,202.75	5,202.75
00257	C.T.S.	Snap Server	Welfare Transition	417942		1062	6/3/2005	3	5,248.75	-	5,248.75	5,248.75
06180	Goodwill Admin	Dell PowerEdge 2850 Server	Welfare Transition	6FG26B1		2038	6/5/2006	3	5,304.35	-	5,304.35	5,304.35
06180	Goodwill Admin	Microsoft SQL Server 2005 software	Welfare Transition			2038	6/5/2006	3	24,126.99	-	24,126.99	24,126.99
Total Welfare Transition									39,882.84	-	39,882.84	39,882.84
00270	PTEC Clearwater	AD-110 Sitdown Kiosk	USDOL WIG Grant	KP-2005-AD110-211		1033	2/25/2005	3	5,500.00	-	5,500.00	5,500.00
Total USDOL WIG Grant									5,500.00	-	5,500.00	5,500.00
07100	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07101	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07102	Tarpon	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07103	Barry St	Dell PowerEdge 2850 Server	Indirect Cost Pool	8CYVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07104	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	CCVYGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07105	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	BCVYGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07106	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	CMXVGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07107	Gulf to Bay	Dell PowerEdge 6850 Exchange Server	Indirect Cost Pool	9ZVTGC1		2081	1/26/2007	3	10,101.00	-	10,101.00	10,101.00
07176	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	40KTGC1		2086	5/9/2007	3	5,891.00	-	5,891.00	5,891.00
07177	Gulf to Bay	Televantage Phone Server	Indirect Cost Pool	AC74001795		2086	6/29/2007	3	43,370.00	-	43,370.00	43,370.00
08154	Gulf to Bay	Dell DP 500 Exchange Server	Indirect Cost Pool	D437RH1		2134	10/3/2008	3	7,540.00	2,513.33	628.34	6,911.66
None	EpiCenter	Youth Build Van	Indirect Cost Pool	1FBSS31L89DA53259	No PO		8/15/2009	5	18,153.24	4,445.69	13,707.55	8,520.91
Total Indirect Cost Pool									125,363.46	6,959.02	14,335.89	111,027.57

PTEC

07100	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07101	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07102	Tarpon	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07103	Barry St	Dell PowerEdge 2850 Server	Indirect Cost Pool	8CYVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07104	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	CCVYGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07105	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	BCVYGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07106	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	CMXVGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07107	Gulf to Bay	Dell PowerEdge 6850 Exchange Server	Indirect Cost Pool	9ZVTGC1		2081	1/26/2007	3	10,101.00	-	10,101.00	10,101.00
07176	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	40KTGC1		2086	5/9/2007	3	5,891.00	-	5,891.00	5,891.00
07177	Gulf to Bay	Televantage Phone Server	Indirect Cost Pool	AC74001795		2086	6/29/2007	3	43,370.00	-	43,370.00	43,370.00
08154	Gulf to Bay	Dell DP 500 Exchange Server	Indirect Cost Pool	D437RH1		2134	10/3/2008	3	7,540.00	2,513.33	628.34	6,911.66
None	EpiCenter	Youth Build Van	Indirect Cost Pool	1FBSS31L89DA53259	No PO		8/15/2009	5	18,153.24	4,445.69	13,707.55	8,520.91
Total Indirect Cost Pool									125,363.46	6,959.02	14,335.89	111,027.57

FY 2011 Grand Total

07100	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07101	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07102	Tarpon	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07103	Barry St	Dell PowerEdge 2850 Server	Indirect Cost Pool	8CYVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07104	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	CCVYGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07105	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	BCVYGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07106	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	CMXVGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07107	Gulf to Bay	Dell PowerEdge 6850 Exchange Server	Indirect Cost Pool	9ZVTGC1		2081	1/26/2007	3	10,101.00	-	10,101.00	10,101.00
07176	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	40KTGC1		2086	5/9/2007	3	5,891.00	-	5,891.00	5,891.00
07177	Gulf to Bay	Televantage Phone Server	Indirect Cost Pool	AC74001795		2086	6/29/2007	3	43,370.00	-	43,370.00	43,370.00
08154	Gulf to Bay	Dell DP 500 Exchange Server	Indirect Cost Pool	D437RH1		2134	10/3/2008	3	7,540.00	2,513.33	628.34	6,911.66
None	EpiCenter	Youth Build Van	Indirect Cost Pool	1FBSS31L89DA53259	No PO		8/15/2009	5	18,153.24	4,445.69	13,707.55	8,520.91
Total Indirect Cost Pool									125,363.46	6,959.02	14,335.89	111,027.57

FY 2011 Grand Total

07100	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07101	Gulf to Bay	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07102	Tarpon	Dell PowerEdge 2850 Server	Indirect Cost Pool	BMXVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07103	Barry St	Dell PowerEdge 2850 Server	Indirect Cost Pool	8CYVGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07104	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	CCVYGC1		2081	1/26/2007	3	5,176.14	-	5,176.14	5,176.14
07105	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	BCVYGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07106	SoCo	Dell PowerEdge 2850 Server	Indirect Cost Pool	CMXVGC1		2081	1/26/2007	3	5,176.15	-	5,176.15	5,176.15
07107	Gulf to Bay	Dell PowerEdge 6850 Exchange Server	Indirect Cost Pool	9ZVTGC1		2081	1/26/2007	3	10,101.00	-	10,101.00	10,101.00
07176	EpiCenter	Dell PowerEdge 2850 Server	Indirect Cost Pool	40KTGC1		2086	5/9/2007	3	5,891.00	-	5,891.00	5,891.00
07177	Gulf to Bay	Televantage Phone Server	Indirect Cost Pool	AC74001795		2086	6/29/2007	3	43,370.00	-	43,370.00	43,370.00
08154	Gulf to Bay	Dell DP 500 Exchange Server	Indirect Cost Pool	D437RH1		2134	10/3/2008	3	7,540.00	2,513.33	628.34	6,911.66
None	EpiCenter	Youth Build Van	Indirect Cost Pool	1FBSS31L89DA53259	No PO		8/15/2009	5	18,153.24	4,445.69	13,707.55	8,520.91
Total Indirect Cost Pool									125,363.46	6,959.02	14,335.89	111,027.57

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization WORKNET PINELLAS, INC	Employer identification number 73-1678180
	Number, street, and room or suite no. If a P.O. box, see instructions 13805 58TH STREET N NO. 2-140	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Clearwater FL 33760	

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **See attachment #4**

Telephone No. ► _____ 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 EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 20 12**, 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 **JULY 01**, 20 **10**, and ending **JUNE 30**, 20 **11**

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 Form 990-BL, 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 Form 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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)