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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public
Inspection**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

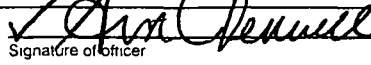
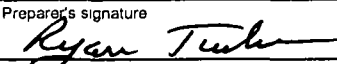
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CareerSource Florida, Inc.		D Employer identification number 59-3659026
	Doing business as 1580 Waldo Palmer Lane		E Telephone number 850-921-1119
	Number and street (or P.O. box if mail is not delivered to street address) 1580 Waldo Palmer Lane		Room/suite 850-921-1119
	City or town, state or province, country, and ZIP or foreign postal code Tallahassee FL 32308		G Gross receipts \$ 17,170,257
	F Name and address of principal officer Chris Hart IV 1580 Waldo Palmer Lane, Suite 1 Tallahassee FL 32308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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 ▶ careersourceflorida.com			
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 2000	M State of legal domicile FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Florida Workforce System connects employers with qualified, skilled talent and Floridians with employment and career development opportunities to achieve economic prosperity.		
	2 Check this box <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	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	27
Revenue	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,719,266	17,149,013
Expenses	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180	361
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,750	20,883
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,916,196	17,170,257
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,539,804	13,118,870
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,416,630	3,121,303
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	838,088	907,056
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,794,522	17,147,229
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	121,674	23,028
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,522,530	13,459,617
	22 Net assets or fund balances Subtract line 21 from line 20	17,652,312	12,566,370

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.

Sign Here	 Signature of officer		5/17/16 Date	
	Scott C. Fennell Type or print name and title		Chief Operating Officer/CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Ryan M. Tucker, CPA		05/16/16	<input type="checkbox"/> self-employed P00524189
	Firm's name ▶ Purvis, Gray & Company, LLP	Firm's EIN ▶ 59-0548468		
	Firm's address ▶ 443 East College Avenue	Phone no 850-224-7144		
	Tallahassee, FL 32301			

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

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2014)

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SCANNED JUL 06 2016

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **2****Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ **11,338,690** including grants of \$ **11,338,690**) (Revenue \$)

The Quick Response Training Program, funded with state dollars, provides customized training to new value added businesses located in Florida and to existing or expanding businesses that meet the state's economic goals.

4b (Code) (Expenses \$ **1,780,180** including grants of \$ **1,780,180**) (Revenue \$)

The Incumbent worker training program provides grant funds to Florida companies for skills upgrade training of currently employed workers in an effort to keep the company and workers competitive. The program is funded with federal WIA dollars.

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **13,118,870**

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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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 and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 5		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a 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 27		
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" to line 3b, provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a 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		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	30	
b Enter the number of voting members included in line 1a, above, who are independent	30	
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, or 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
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
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 in Schedule O		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **► None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**

Scott C. Fennell
Tallahassee

1580 Waldo Palmer Lane, Suite 1

FL 32308-5430 850-921-1119

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **7****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 instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(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			
(1) Dwayne Ingram	1.00									
Chairman	0.00	X		X				0	0	0
(2) Jennifer Grove	1.00									
Vice Chairman	0.00	X		X				0	0	0
(3) Rick Scott	1.00									
Board Member	0.00	X						0	0	0
(4) Britt Sikes	1.00									
Board Member	0.00	X						0	0	0
(5) Frank Artiles	1.00									
Board Member	0.00	X						0	0	0
(6) Brittany Olivieri Birken	1.00									
Board Member	0.00	X						0	0	0
(7) Robert Campbell	1.00									
Board Member	0.00	X						0	0	0
(8) Mike Carroll	1.00									
Board Member	0.00	X						0	0	0
(9) Timothy Center	1.00									
Board Member	0.00	X						0	0	0
(10) Rose Conry	1.00									
Board Member	0.00	X						0	0	0
(11) Bryan da Frota	1.00									
Board Member	0.00	X						0	0	0

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **8****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 dotted 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)	(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			
(12) Steve Capehart										
Board Member	1.00 0.00	X						0	0	0
(13) Christina Daly										
Board Member	1.00 0.00	X						0	0	0
(14) Duane E. De Freese										
Board Member	1.00 0.00	X						0	0	0
(15) Kevin Doyle										
Board Member	1.00 0.00	X						0	0	0
(16) Arnie Girnun										
Board Member	1.00 0.00	X						0	0	0
(17) Benedict Grzesik										
Board Member	1.00 0.00	X						0	0	0
(18) Elli Hurst										
Board Member	1.00 0.00	X						0	0	0
(19) William Johnson										
Board Member	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								709,625		143,630
d Total (add lines 1b and 1c)								709,625		143,630

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 **4**

- | | Yes | No |
|---|----------|----------|
| 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 | | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | 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

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 **0**

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **8****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 dotted 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)	(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			
(12) Rick Matthews	1.00									
Board Member	0.00	X						0	0	0
(13) Thomas McIntosh	1.00									
Board Member	0.00	X						0	0	0
(14) Bill Montford	1.00									
Board Member	0.00	X						0	0	0
(15) Edwin H. Moore	1.00									
Board Member	0.00	X						0	0	0
(16) W. Alexander Moseley	1.00									
Board Member	0.00	X						0	0	0
(17) Jesse Panuccio	1.00									
Board Member	0.00	X						0	0	0
(18) Andre Perez	1.00									
Board Member	0.00	X						0	0	0
(19) Elizabeth Porter	1.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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		
4		
5		

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

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

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **8****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 dotted 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)	(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			
(12) Maria C. Rodriguez	1.00									
Board Member	0.00	X						0	0	0
(13) Richard Shriver	1.00									
Board Member	0.00	X						0	0	0
(14) Linda Sparks	1.00									
Board Member	0.00	X						0	0	0
(15) Pam Stewart	1.00									
Board Member	0.00	X						0	0	0
(16) Alfredo Stimac	1.00									
Board Member	0.00	X						0	0	0
(17) Mike Tomas	1.00									
Board Member	0.00	X						0	0	0
(18) Samuel Verghese	1.00									
Board Member	0.00	X						0	0	0
(19) Ardian Zika	1.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization										

	Yes	No
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		

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

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

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **8****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 dotted 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)	(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			
(12) Charles Hart IV President\CEO\Sect.	40.00 0.00			X				315,414	0	53,928
(13) Scott Fennell COO\CFO\Treasurer	40.00 0.00			X				167,719	0	37,544
(14) Adriane Grant VP External Affairs	40.00 0.00					X		121,128	0	26,947
(15) Christopher J. Lewis VP of Analytics	55.00 0.00					X		105,364	0	25,211
(16)										
(17)										
(18)										
(19)										
1b Sub-total								709,625		143,630
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 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		
4		
5		

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	17,072,886			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	76,127			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		17,149,013			
Program Service Revenue	2a	Busn Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		361			361
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		20,883			20,883
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less rental exps					
	c Rental inc 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 & sales exps					
	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		Busn Code			
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		17,170,257	0	0	21,244	

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **10****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	13,118,870	13,118,870		
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	574,606		574,606	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,432,533		2,432,533	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	114,164		114,164	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	203,038		203,038	
d Lobbying				
e Professional fundraising services See Part IV, line 7				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,151		7,151	
12 Advertising and promotion				
13 Office expenses	198,092		198,092	
14 Information technology				
15 Royalties				
16 Occupancy	204,768		204,768	
17 Travel	157,782		157,782	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,085		42,085	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,909		2,909	
23 Insurance	10,448		10,448	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Other Expenses	77,987		77,987	
b Equipment Repairs and Maintenance	2,796		2,796	
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	17,147,229	13,118,870	4,028,359	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 SheetCheck 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	
	2 Savings and temporary cash investments	14,590,138	2	12,851,663
	3 Pledges and grants receivable, net	3,872,636	3	541,218
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,541	9	41,580
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 67,607		
	b Less accumulated depreciation	10b 58,881	11,635	10c 8,726
	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	14,580	15	16,430
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,522,530	16	13,459,617	
Liabilities	17 Accounts payable and accrued expenses	1,024,819	17	1,275,059
	18 Grants payable		18	
	19 Deferred revenue	16,627,493	19	11,288,803
	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 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	2,508
	26 Total liabilities. Add lines 17 through 25	17,652,312	26	12,566,370
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	870,218	27	806,541
	28 Temporarily restricted net assets		28	86,706
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	870,218	33	893,247
	34 Total liabilities and net assets/fund balances	18,522,530	34	13,459,617

Form 990 (2014) **CareerSource Florida, Inc.****59-3659026**Page **12****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	17,170,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,147,229
3	Revenue less expenses Subtract line 2 from line 1	3	23,028
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	870,218
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	893,247

Part XII Financial Statements and ReportingCheck 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 in 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b 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	
c 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 in 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 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	

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2014Open to Public
Inspection▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

CareerSource Florida, Inc.

Employer identification number

59-3659026**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990 or 990-EZ) 2014 **CareerSource Florida, Inc.****59-3659026**Page **2****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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,539,104	12,731,746	12,773,423	12,719,266	17,149,013	67,912,552
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	12,539,104	12,731,746	12,773,423	12,719,266	17,149,013	67,912,552
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						67,912,552

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	12,539,104	12,731,746	12,773,423	12,719,266	17,149,013	67,912,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	137	93	5,599	196,930	21,244	224,003
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						68,136,555
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 2014 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.67 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. 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 ► <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 A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2013. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. 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 (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2014 **CareerSource Florida, Inc.****59-3659026**Page **7****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			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 **CareerSource Florida, Inc.** **59-3659026** Page **8**
Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and
Part III, line 12. Also complete this part for any additional information. (See instructions.)

**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

Employer identification number

CareerSource Florida, Inc.**59-3659026****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 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" 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 a 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	
a Total number of conservation easements	2a Held at the End of the Tax Year
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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" 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 XIII, 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 Revenue 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 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" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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" 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	100,322	54,883	50,206	39,280	25,851
b Contributions	2,544	58,780	11,000	17,000	15,000
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	-16,160	-13,341	-6,323	-6,074	-1,571
f Administrative expenses					
g End of year balance	86,706	100,322	54,883	50,206	39,280

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
(ii) related organizations

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

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

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" to 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		7,365	7,365	
d Equipment		60,242	51,516	8,726
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,726

Schedule D (Form 990) 2014 **CareerSource Florida, Inc.****59-3659026**Page **3****Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

Part IX Other Assets.

Complete if the organization answered "Yes" to 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, col (B) line 15) ►

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) A/P Private Funds	2,508
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	2,508

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements		1	17,170,257
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	17,170,257
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		
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	17,170,257

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

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

1	Total expenses and losses per audited financial statements		1	17,147,229
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	
3	Subtract line 2e from line 1		3	17,147,229
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,147,229

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

Part X, Line 2: CareerSource Florida has reviewed and evaluated the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the financial statements of the organization.

Part XIII - Supplemental Financial Information

Funds are used to increase awareness of and support the expansion, development and educational programs of the energy industry in the State of Florida.

Schedule D (Form 990) 2014 **CareerSource Florida, Inc.**

59-3659026

Page **5**

Part XIII Supplemental Information (continued)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

59-3659026**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☒ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) (The) Hour Glass c/o Ms. Terri Cherry, CPA, CFO1480 Tallahassee FL 32312	59-2553746			20,790				Employee Training As
(2) AAJ COMPUTER SERVICES, INC Attn: MS COLLEEN TAYLOR6301 NW 5TH FORT LAUDERDALE FL 33309				7,950				Employee Training As
(3) ABE CARGO EXPRESS INC ATTN: MS CLARINES RIVERA7290 NW 66 MIAMI FL 33166				12,720				Employee Training As
(4) ADVANCED INSTRUMENTATION, INC. 6800 NW 77 COURTATTN: MS ANA JIMENE MIAMI FL 33166				14,925				Employee Training As
(5) AKRON BIOTECHNOLOGY LLC 6353 W. ROGERS CIRCLESUITE 2 BOCA RATON FL 33487				16,479				Employee Training As
(6) AppRiver c/o Ms. Laurie Jones, HR Manager110 Gulf Breeze FL 32561				6,108				Employee Training As
(7) ARX SOLUTIONS 1805 PONCE DE LEON BLVDSTE 501 CORAL GABLES FL 33134	46-1907297			15,000				Employee Training As
(8) Ascend Performance Materials Operat c/o Mr. Chris Wilson, Learning & De Cantonment FL 32533				13,826				Employee Training As
(9) AVIOTRADE, INC. 10850 NW 21ST STREET, SUITES 230/24 MIAMI FL 33172	74-3045704			21,158				Employee Training As

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **29****3** Enter total number of other organizations listed in the line 1 table ▶ **105**

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

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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OMB No. 1545-0047

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Employer identification number

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(1)	Barn Light Electric Company c/o Ms. Donna Scott, Owner3405 S. W Titusville FL 32780	26-1943259		13,500				Employee Training As
(2)	Base 3 dba Gibson Electric c/o Mr. Louie Wise III, ManagerP. Ocala FL 34475	20-0953712		13,200				Employee Training As
(3)	Beall's Inc. and Subsidiaries c/o Mr. Michael Maddaloni, VP & Tre Bradenton FL 34208			31,378				Employee Training As
(4)	Belcan Engineering Group, Inc. c/o Ms. Jane P. Vatterott, HR Manag Palm Beach Gardens FL 33410			21,680				Employee Training As
(5)	BIG SUR TECHNOLOGIES 4631 WOODLAND CORPORATE BLVD TAMPA FL 33614	59-3604223		6,616				Employee Training As
(6)	BIGORRE AEROSPACE CORPORATION 6295 42nd STREET NORTH PINELLAS PARK FL 33781	59-2852058		17,250				Employee Training As
(7)	Biotest Pharmaceuticals Corporation c/o Ms. Sheila Poirier5800 Park of Boca Raton FL 33487	26-1251037		6,821				Employee Training As
(8)	Bit Wizards c/o Mr. Louis J. Erickson, Jr.P. O. Fort Walton Beach FL 32549			16,357				Employee Training As
(9)	Bouchard Insurance c/o Ms. Michele Schrotter101 N. Sta Clearwater FL 33765			45,620				Employee Training As

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Schedule I (Form 990) (2014)

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(1)	BRADENTON HEART CENTER, P.A. 2010 59TH STREET WEST SUITE 4200 BRADENTON FL 34209			9,225				Employee Training As
(2)	Broadline Components, LLC c/o Mr. Gary E. Banlowe, President St. Petersburg FL 33718	94-3448240		5,363				Employee Training As
(3)	Causseaux, Hewett, & Walpole, Inc. c/o Ms. Becki Sabis132 NW 76th Driv Gainesville FL 32607	59-2883104		7,153				Employee Training As
(4)	Cendyn Corporation c/o Ms. Christina Miller, Controller Boca Raton FL 33432			18,790				Employee Training As
(5)	Chism Manufacturing Services, LLC c/o Mr. Ron Kneifel, QA Team Leader Sarasota FL 34243	45-5578382		7,875				Employee Training As
(6)	CITRUS WORLD, INC. P.O. BOX 1111 LAKE WALES FL 33859			5,903				Employee Training As
(7)	Climate Control Mechanical Services c/o Mr. Louie Wise, III, President Ocala FL 34475	59-3740395		13,080				Employee Training As
(8)	COLDESI, INC IWT ATTN: LINDA5409 SW SHORE BLVD. TAMPA FL 33611	59-3589087		7,200				Employee Training As
(9)	COSMETIC SOLUTIONS, LLC 6101 PARK OF COMMERCE BLVD BOCA RATON FL 33487	65-0345555		9,500				Employee Training As

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Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

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(1)	CTJ MANAGEMENT 7800 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810			9,600				Employee Training As
(2)	DAVIS BEWS DESIGN GROUP ATTN: MS. AMANADA PIOTROWSKI 150 E. S OLDSMAR FL 34677			21,038				Employee Training As
(3)	EMW LASER INC. 3123 COMMERCE PKWY MIRAMAR FL 33025			15,000				Employee Training As
(4)	ENDOSCOPY CARE SOLUTION, INC. 10279 NW 46TH STREET SUNRISE FL 33351	45-3598626		11,109				Employee Training As
(5)	Englander Enterprises, Inc. c/o Ms. Susan Englander, President Clearwater FL 33756	59-3193420		23,483				Employee Training As
(6)	Enterprise Resources Technology Gro ATTN: MICHAEL MEHDIPOUR 3820 NE 24TH LIGHTHOUSE POINT FL 33064	65-0935748		22,181				Employee Training As
(7)	EPIC Consultants c/o Mr. Johnny Rojas, COO 9181 SW 14 Miami FL 33176	81-0637192		8,119				Employee Training As
(8)	EWM General Corp d/b/a General Ruby c/o Mr. Joe Mills, COOP.O. BOX 610 New Port Richey FL 34656	59-3179176		10,200				Employee Training As
(9)	Eye Express, Inc. c/o Ms. Kim Abad, Vice President of Winter Haven FL 33881			7,772				Employee Training As

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Schedule I (Form 990) (2014)

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Name of the organization

CareerSource Florida, Inc.

Employer identification number

59-3659026**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) E-Z WELD 1661 OLD DIXIE HIGHWAY RIVIERA BEACH FL 33404	45-4985662			17,125				Employee Training As
(2) Facility Performance, LLC dba Facil c/o Mr. Louie Wise, III, Manager Pr Ocala FL 34475	45-4273739			10,500				Employee Training As
(3) Financial Information Technologies, c/o Ms. Mary Rogers, VP Human Reso Tampa FL 33614				16,122				Employee Training As
(4) FL Transportation, Inc. c/o Ms. Jan Roberts, Sr. Manager Modesto CA 95355	20-3541349			29,925				Employee Training As
(5) Florida Ordnance Corp. c/o Mr. Gadi Schnabel, Vice Preside Fort Lauderdale FL 33039	59-1858131			6,690				Employee Training As
(6) Frito-Lay, Inc. 7701 LEEGACY DRIVEMD 3B-290ATTN: PLANO TX 75024	JA 75-0281470			50,000				Employee Training As
(7) GB INSTRUMENTS, INC. 1143 W. NEWPORT CENTER DRIVE DEERFIELD FL 33442	59-1166350			12,953				Employee Training As
(8) GE Power & Water c/o Mr. John Hendrickson, Operation Pensacola FL 32514				7,083				Employee Training As
(9) GIOCOM SOURCING 6401 E. RODGERS CIRCLE, SUITE 4 BOCA RATON FL 33487				14,119				Employee Training As

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Schedule I (Form 990) (2014)

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(1)	GULF POWER COMPANY PLANT CRIST ONE ENERGY PLACE PENSACOLA FL 32520	59-0276810		30,211				Employee Training As
(2)	Hallandale Medical Center c/o Mr. Guadalupe Rengifo, Office M Hallandale Beach FL 33009			5,031				Employee Training As
(3)	Harris Corporation 1025 WEST NASA BOULEVARD MELBOURNE FL 32919-0001	34-0276860		108,107				Employee Training As
(4)	HASSELL-LEGAL, P.A. 1616 CONCIERGE BLVD SUITE 100 DAYTONA BEACH FL 32117	59-3375452		30,634				Employee Training As
(5)	HEALTH INTEGRATED, INC. MS. DONNA COWAN, DIR OF TRAINING & TAMPA FL 33618			11,389				Employee Training As
(6)	Hedrick Brothers Construction c/o Ms. Barbara L. Laing 2200 Centre West Palm Beach FL 33409			9,646				Employee Training As
(7)	Heritage Wealth Management LLC c/o Ms. Sophie Lancaster, President Gainesville FL 32606			7,077				Employee Training As
(8)	ICE PORTAL INC 3595 SHERIDAN STREET, STR 200 HOLLYWOOD FL 33021	58-2683114		12,566				Employee Training As
(9)	ImmuoSite Technologies, LLC c/o Ms. Ileana Munoz-Antoni, VP of Miramar FL 33025	27-0806703		16,503				Employee Training As

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(1)	Industrial Equipment Solutions LLC c/o Mr. Osniel Sanchez, President Opa Locka FL 33054	23		29,026				Employee Training As
(2)	INTEGRATED MECHANICAL CARE, INC 2615 CENTENNIAL BLVD SUITE 101 TALLAHASSEE FL 32308	20-1152212		31,496				Employee Training As
(3)	INTERCOMP USA INC. 275 COMMERCIAL BLVD LAUDERDALE BY THE SEA FL 33308	65-0223948		17,955				Employee Training As
(4)	JAMES A. STEPHENS OD & ASSOCIATES 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312	59-1617237		16,556				Employee Training As
(5)	JANA MANUFACTURING, INC MR ALEXANDER OGOZAREK, V.P. 1090 INN NORTH PORT FL 34289			5,250				Employee Training As
(6)	JET AVIATION SPECIALISTS, INC. MR. MICHAEL BELTRAN, CFO 3373 NW 107 MIAMI FL 33167			17,196				Employee Training As
(7)	Kimball Electronics Tampa c/o Ms. Michaela Cooney, Human Reso Tampa FL 33626	38-2081116		5,347				Employee Training As
(8)	LANDING GEAR TECHNOLOGIES, INC 1094 ALI-BABA AVENUE OPA-LOCKA FL 33054	26-4004421		5,775				Employee Training As
(9)	LANPRO OF MIAMI 1900 NW 82ND AVE MIAMI FL 33125			16,859				Employee Training As

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(1)	LEARJET, INC. MR. JOSEPH SCARFONE, FINANCE MGR FORT LAUDERDALE FL 33315	410		10,500				Employee Training As
(2)	LOCKHEED MARTIN CORPORATION 1040 S FRONTAGE PARKWAY ROAD LAKELAND FL 33813	52-1893632		6,871				Employee Training As
(3)	MADICO WINDOW FILMS MR. JOHN STORMS, TECHNICAL MANAGER ST PETERSBURG FL 33712	2		30,750				Employee Training As
(4)	MEDICAL EQUIPMENT TECHNOLOGY, INC d/b/a REMETRONIX IWT 2014-62172 NW PORT SAINT LUCIE FL 34986	65-1048766		6,898				Employee Training As
(5)	Metalworks Engineering c/o Mr. Michael Silva, President Hialeah FL 33012	74 45-2212183		6,720				Employee Training As
(6)	MILLENIUM ENGINE PLATING INC. 4763 E. 11TH AVE HIALEAH FL 33013	87-0753777		21,660				Employee Training As
(7)	Modern Enterprise Solutions c/o Mr. Neil Birner, CEO Tampa FL 33634	6026 Jet Po		13,117				Employee Training As
(8)	OCEAN AIR, INC. 3123 COMMERCE PARKWAY MIRAMAR FL 33025			14,850				Employee Training As
(9)	OREN INTERNATIONAL, INC. 1995 HOLLYWOOD AVE PENSACOLA FL 32505			24,971				Employee Training As

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(1)	Pelican Wire Company, Inc. c/o Ms. Marcy Blick, Human Resource Naples FL 34117	36-2912867		10,800				Employee Training As
(2)	Pepin Distributing Company c/o Mr. Joe Wessel, Training & Deve Tampa FL 33610	59-2758271		17,971				Employee Training As
(3)	Phillips, Salomon, & Parrish, P.A. c/o Ms. Kim Abad, Vice President of WINTER HAVEN FL 33881	59-3323707		6,283				Employee Training As
(4)	Point Blank Enterprises Inc. c/o Ms. Tammy Capone-Cummings, Trai Pompano Beach FL 33069	45-3646868		20,584				Employee Training As
(5)	POLYGON SOLUTIONS, INC MR. PETER BAGWELL16770 LINK COURT, FORT MEYERS FL 33912			6,900				Employee Training As
(6)	QueteQ, LLC c/o Mr. Kurt Storey, President2647 Sanford FL 32773	45-2751227		8,775				Employee Training As
(7)	R.W. RADDATZ, INC. c/o Mr. Robert W. Raddatz Jr., Pres Deerfield Beach FL 33442			7,625				Employee Training As
(8)	Refurbished Office Furniture, Inc. c/o Mr. Roberto Hursey, Controller1 Tampa FL 33605	59-3090155		41,819				Employee Training As
(9)	ReliaQuest, LLC c/o Mr. Brian Murphy, CEO5100 W. Ke Tampa FL 33609	26-1468062		14,700				Employee Training As

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

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

DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Employer identification number

CareerSource Florida, Inc.**59-3659026****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SALVO TECHNOLOGIES LLC 10781 75 th STREET LARGO FL 33777	26-2936558		9,375				Employee Training As
(2)	SB MUNICIPAL, LLC 200 SOUTH PARK ROAD SUITE 425 HOLLYWOOD FL 33021	27-0727790		10,163				Employee Training As
(3)	SCD.USA, LLC c/o Ms. Jamie McCauslin, VP of Oper WEST MELBOURNE FL 32904	26-0689493		5,726				Employee Training As
(4)	Schwarz Partners Packaging dba Maxp c/o Ms. Lori Foust, Human Resource Lakeland FL 33815	20-5239639		12,111				Employee Training As
(5)	SEABOARD MANUFACTURING LLC 13214 38TH STREET NORTH CLEARWATER FL 33760			12,375				Employee Training As
(6)	SELECTWO MACHINE COMPANY, INC 1695 E.E. WILLIAMSON ROAD LONGWOOD FL 32779	01-0720776		7,444				Employee Training As
(7)	Sensible Micro Corporation c/o Mr. Lyle A. Mills, Quality Engi Tampa FL 33635	01-0720776		15,342				Employee Training As
(8)	SH ENDEAVORS, INC 220 SPRINGVIEW COMMERCE UNIT 190 DEBARY FL 32703	20-1250247		5,850				Employee Training As
(9)	SIO CNC MACHINING, INC 14241 60th STREET NORTH CLEARWATER FL 33760	45-2638834		7,500				Employee Training As

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

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DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CareerSource Florida, Inc.**59-3659026****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Solar Stik, Inc. c/o Ms. Hannah Murray, Office Ma226 St. Augustine FL 32084			7,350				Employee Training As
(2)	SPACE COAST INTELLIGENT SOLUTIONS, 3040 VENTURE LANE SUITE 104 MELBOURNE FL 32934	30-0537746		11,700				Employee Training As
(3)	SPECTRUM PRINT COMMUNICATIONS 3640 PRINCETON OAKS STREET ORLANDO FL 32808	59-3408742		33,077				Employee Training As
(4)	Spirit Airlines, Inc. c/o Ms. Patricia McKee, Director, Miramar FL 33025	38-1747023		25,753				Employee Training As
(5)	The Alexander Group c/o Mr. Louie Wise, III, Owner2695 Ocala FL 34475	59-3265265		11,268				Employee Training As
(6)	TOWER OPTICAL CORPORATION 3600 S. CONGRESS AVE., UNIT J BOYNTON BEACH FL 33760			5,250				Employee Training As
(7)	Translogistics, LLC c/o Mr. Aaron Casariego, Vice Presi Miami FL 33131	56-2409878		10,500				Employee Training As
(8)	Ultra Clean Systems, Inc. c/o Ms. Becky Cale, Vice President Oldsmar FL 34677	59-3562930		12,281				Employee Training As
(9)	United Systems Computer Group, Inc. c/o Ms. Charlene Mann, Marketing Di Bradenton FL 34208			7,000				Employee Training As

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

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

DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**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" to Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Employer identification number

59-3659026**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	US OPHTHALMIC, LLC MS. ROXANA HERNANDEZ, OPER MGR9990 DORAL FL 33172			18,900				Employee Training As
(2)	VEROCH, LLC 10080 NW 53RD STREET SUNRISE FL 33351	45-5110562		12,246				Employee Training As
(3)	WAFER WORLD 1100 TECHNOLOGY PLACE SUITE 104 WEST PALM BEACH FL 33407			21,563				Employee Training As
(4)	WG PITTS COMPANY 9250 BAYMEADOWS ROAD, SUITE 120 JACKSONVILLE FL 32256			7,388				Employee Training As
(5)	WILLETT PRECISION MACHINING, INC. 11339 43RD STREET NORTH CLEARWATER FL 33762	59-3550145		11,813				Employee Training As
(6)	WORLD WIDE DEVICES CORPORATION MS. MORGANA HEYEMAN, PRESIDENT11870 DAVIE FL 33325			7,980				Employee Training As
(7)	Broward College Attn Administrative Center6400 NW W Fort Lauderdale FL 33309	59-1216107	501 (C)	540,163				Employee Training As
(8)	Chipola College 3094 Indian Circle Marianna FL 32446	59-6004084	501 (C)	81,308				Employee Training As
(9)	EASTERN FLORIDA STATE COLLEGE 1519 CLEARLAKE ROAD ATTN: ACCOUNTIN COCOA FL 32922	59-0920875	501 (C)	1,467,067				Employee Training As

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

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DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Employer identification number

CareerSource Florida, Inc.**59-3659026****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Edison State College c/o Adrian Kerr8099 College Pkwy, K Fort Myers FL 33919	59-1211051	501 (C)	169,388				Employee Training As
(2)	First Coast Technical c/o Sandra Raburn2980 Collins Ave St. Augustine FL 32084	59-1276697	501 (C)	69,977				Employee Training As
(3)	FL State Coll at Jacksonville Attention: Project Accounting501 Jacksonville FL 32202	59-1149317	501 (C)	340,499				Employee Training As
(4)	FLORIDA SOUTHWESTERN STATE COLLEGE C/O ADRIAN KERR8099 COLLEGE PKWY SW FORT MEYERS FL 33919	59-1211051	501 (C)	1,327,726				Employee Training As
(5)	Florida State College at Jacksonville Attention: Project Accounting501 Jacksonville FL 32202	59-1149317	501 (C)	6,453				Employee Training As
(6)	Hillborough Community College Conso BUSINESS DEVELOPMENT39 COLUMBIA DRA TAMPA FL 33606	59-1219841	501 (C)	29,994				Employee Training As
(7)	Hillsborough Community College Cons BUSINESS DEVELOPMENT39 COLUMBIA DRA TAMPA FL 33606	59-1219841	501 (C)	15,807				Employee Training As
(8)	Indian River State College c/o Donna D. Rivett, Assistant Dean Ft. Pierce FL 34981	59-1206516	501 (C)	22,475				Employee Training As
(9)	Marion County Public Schools c/o Mr. Earl Scott, Program Coordin Ocala FL 34474	59-6000734	501 (C)	131,124				Employee Training As

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

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DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Employer identification number

59-3659026**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Northwest Florida State College c/o Gary Yancey100 College Boulevard Niceville FL 32578	59-1214054	501 (C)	32,956				Employee Training As
(2)	Palm Beach State College c/o Sandra Barrett4200 Congress Ave Lake Worth FL 33461	59-1216000	501 (C)	178,121				Employee Training As
(3)	Pensacola State College 1000 College Boulevard Pensacola FL 32504	59-1207555	501 (C)	1,307,349				Employee Training As
(4)	Polk State College 999 Avenue H, NE Winter Haven FL 33881	59-1209033	501 (C)	1,587,801				Employee Training As
(5)	Santa Fe College c/o Finance Office F263000 N.W. 83r Gainesville FL 32606	59-1207627	501 (C)	214,651				Employee Training As
(6)	Seminole State College 100 Weldon Blvd. Sanford FL 32773-6199	59-1210158	501 (C)	863,531				Employee Training As
(7)	Seminole State College of Florida c/o Ana Garcia, SIM L 0216E100 Weld Sanford FL 32773	59-1210158	501 (C)	100,817				Employee Training As
(8)	SOUTH FLORIDA STATE COLLEGE c/o Business Office Attention Tere Avon Park FL 33825	59-1218159	501 (C)	22,781				Employee Training As
(9)	St. Petersburg College P. O. Box 13489 St. Petersburg FL 33733	59-1211489	501 (C)	373,401				Employee Training As

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

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DAA

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Employer identification number

59-3659026**Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	State College of Florida, Manatee-S c/o TINA JONES5840 26th Street West Bradenton FL 34207	59-6031182	501 (C)	476,556				Employee Training As
(2)	Suwannee County School Board c/o Vickie Music, CPA702 2nd Street Live Oak FL 32064	59-6000872	501 (C)	668,373				Employee Training As
(3)	Tallahassee Community College 444 Appleyard Drive Tallahassee FL 32304	59-1141270	501 (C)	63,372				Employee Training As
(4)	Taylor County School District c/o Ms. Ashley Valentine318 North C Perry FL 32347	59-6000878	501 (C)	51,714				Employee Training As
(5)	The School Board of Hillsborough Co c/o Patricia HesterWorkforce and Co Tampa FL 33610	59-1219841	501 (C)	414,909				Employee Training As
(6)	UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY STE 501 ORLANDO FL 32826-3247	59-3086453	501 (C)	125,354				Employee Training As
(7)	University of North Florida Consort c/o Mr. Robert Wood, Dean12000 Alum Jacksonville FL 32224	59-2976169	501 (C)	313,239				Employee Training As
(8)	Valencia College c/o Judy Jackson; DTC-3P.O. Box 302 Orlando FL 32802	59-1216316	501 (C)	339,562				Employee Training As
(9)	Various <5,000			165,543				

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

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DAA

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					
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 - Procedures for Monitoring the Use of Grant Funds

A recipient of federal funds, CareerSource Florida is required to have a monitoring plan in place in accordance with OMB Circulars and grant terms and conditions. This Plan is shared with the granting agency upon request. CareerSource monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. This is accomplished using a mix of several different monitoring tools including periodic reports, and adherence to policies and procedures outlined in our monitoring plan which is updated annually and includes In-House monitoring desk review activities.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information						

Part IV - Additional Information

The Quick Response Training (QRT) program utilizes State Educational Entities to help administer the program. The State Educational Entities review reimbursement requests from the participating organizations and directly reimburses these organizations. A reimbursement request is submitted from the State Educational Entities to CareerSource who passes the grant funds down to the State Educational Entities. CareerSource reports State Educational Entities as the recipients for grant funds on Schedule I since they are directly receiving the grant funds

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information						

from CareerSource Florida.

See attached for EIN's of organizations not reported in Part II, Column B.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor 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.▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014Open to Public
Inspection

Employer identification number

59-3659026**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 in 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 (e.g., 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 in line 1a?**3** Indicate which, if any, of the following the filing organization uses 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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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 in 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" to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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 in 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 are not 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 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 Charles Hart IV President\CEO\Sect.	(i) 221,815	(ii) 56,960	(iii) 36,639	(iv) 0	32,501	21,427	369,342	0
2 Scott Fennell COO\CFO\Treasurer	(i) 162,769	(ii) 4,950	(iii) 0	(iv) 0	18,386	19,158	205,263	0
3	(i)	(ii)	(iii)	(iv)				0
4	(i)	(ii)	(iii)	(iv)				0
5	(i)	(ii)	(iii)	(iv)				0
6	(i)	(ii)	(iii)	(iv)				0
7	(i)	(ii)	(iii)	(iv)				0
8	(i)	(ii)	(iii)	(iv)				0
9	(i)	(ii)	(iii)	(iv)				0
10	(i)	(ii)	(iii)	(iv)				0
11	(i)	(ii)	(iii)	(iv)				0
12	(i)	(ii)	(iii)	(iv)				0
13	(i)	(ii)	(iii)	(iv)				0
14	(i)	(ii)	(iii)	(iv)				0
15	(i)	(ii)	(iii)	(iv)				0
16	(i)	(ii)	(iii)	(iv)				0

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 L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

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Inspection

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2014

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 org revenues?	
				Yes	No
(1) Florida Department of Economic Opp	Sch L, Part V	762,575	payroll reimbursed		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L, Part V - Additional Information**Schedule L, Part IV****Line 1 -****Column (B) - Relationship between interested person and the organization:**

Director Jesse Pannucio is the Executive Director of the Florida Department of Economic Opportunity.

Column (C) - Amount of Transaction

The amount listed in clumn (C) as the 'amount of transaction' represents the aggregate amount of all transactions during the year for services provided and is not intended to represent a single transaction between the parties.

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.

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Form 990, Part III, Line 4d - All Other Accomplishment

The Quick Response Training Program, funded with state dollars, provides customized training to new value added businesses located in Florida and to existing or expanding businesses that meet the state's economic goals. The Incumbent worker training program provides grant funds to Florida companies for skills upgrade training of currently employed workers in an effort to keep the company and workers competitive. The program is funded with federal WIA dollars.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The organization changed its name from Workforce Florida, Inc. doing business as CareerSource Florida to CareerSource Florida, Inc.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The physical form 990 was not reviewed by the governing body, but the audit report as compiled by the audit firm was presented by the contracted audit firm to the finance council for acceptance, and further presented to the full board for approval by the finance council. The board's designated treasurer and chief financial officer then coordinated the preparation of the 990 based upon the audited financial report.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board staff who administer the awarding of grant or contract funds must identify any potential conflict of interest with any board member prior to the issuance of any award. If it is determined that there may be any

Schedule O (Form 990 or 990-EZ) (2014)

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potential conflict with a board member, the president and general counsel are advised and their assistance is sought to insure appropriate disclosure before the full board takes any action. Under the current policy, a board member that has a conflict of interest is not allowed to vote on any action that would benefit them or their organizations.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The CEO selection process and salary offer was coordinated by an independent firm contracted by CareerSource Florida (HR Expertise) who reported directly to the board chair and the selection committee. In this process, comparable data was brought forward and disclosed prior to the establishment of a salary. The selection process was open to the public and several individuals did attend.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The selection of other key members of the organization is assigned to the CEO. Key positions are advertised in several venues, including employflorida.com, newspapers, and posted on the WFI internet and intranet. The determination of salary levels is based upon the responsibilities assigned to such individuals and upon the review and analysis of comparable salaries offered by other similar organizations and workforce partner organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Florida statutes which created CareerSource Florida requires that we operate in compliance with Chapter 119 Florida Statutes relating to public records and chapter 286 relating to public meetings. Consequently, any

Schedule O (Form 990 or 990-EZ) (2014)

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records of the organization are public records and may be requested by the public. Likewise, all meetings of the board, councils, committees and other identified board meetings are open to the public. Formal minutes are taken for all meetings of the board and the executive committee.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding Adjustment

\$

1