

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</u></p> <p><u>390 N ORANGE AVE SUITE 700</u> <u>ORLANDO, FL 32801-1673</u></p>	<p>1c Effective date of plan <u>01/01/2009</u></p> <p>2b Employer Identification Number (EIN) <u>59-3396497</u></p> <p>2c Plan Sponsor's telephone number <u>407-531-1222</u></p> <p>2d Business code (see instructions) <u>561300</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2026	LEONARDO ALVAREZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/04/2026	LEONARDO ALVAREZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	245
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	193
	6a(2)	175
	6b	1
	6c	43
	6d	219
	6e	1
	6f	220
	6g(1)	245
	6g(2)	219
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</p>	<p>D Employer Identification Number (EIN) 59-3396497</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	220	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT	
b	Balance at the end of the previous year	7b 631255
c	Additions: (1) Contributions deposited during the year	7c(1) 42391
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 10413
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER	7c(5) 217913
	(6) Total additions	7c(6) 270717
d	Total of balance and additions (add lines 7b and 7c(6))	7d 901972
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 54110
	(2) Administration charge made by carrier.....	7e(2) 321
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER	7e(4) 15533
(5) Total deductions	7e(5) 69964	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 832008

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</p>	<p>D Employer Identification Number (EIN) 59-3396497</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY PLAN#814839

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-2233445	11111	623601	1	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 63622
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1786
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1786
d	Total of balance and additions (add lines 7b and 7c(6))	7d 65408
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 155
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 155	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 65253

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	D Employer Identification Number (EIN) 59-3396497	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EQUITABLE LIFE INSURANCE COMPANY

13-5570651

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	34265	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</u>	D Employer Identification Number (EIN) <u>59-3396497</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA AGGRESSIVE ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5692</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA CONSERV PLUS ALLOCATION</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2442</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA GLB EQTY MANAGED VOL</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3999</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA INT CORE MANAGED VOL</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>8168</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA INT VAL MANAGED VOL</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>714</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA LG CAP CORE MANAGED VOL</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>519</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXA LG CAP GRW MANAGED VOL</u>				
b Name of sponsor of entity listed in (a): <u>EQUITABLE LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>13-5570651-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5441</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA LG CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4457
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MID CAP VAL MANAGED VOL		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1703
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76094
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE PLUS ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1705
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA AB SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1119
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ COM STCK INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25769
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ BLACKROCK BASIC VALUE EQTY		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2531
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ EQUITY 500 INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24271
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ GAMCO MERGERS & ACQUISITION		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2687
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ INTERNATIONAL EQUITY INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 885

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ MID CAP INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11081
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ SMALL COMPANY INDEX		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8732
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIMANAGER AGGRESSIVE EQUITY		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MORGAN STANLEY MID CAP GR		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AMERICAN CENTRY MID CAP VAL		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 378
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA/HORIZON SMALL CAP VALUE		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 909
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/BOSTON ADVISORS EQTY INCOME		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2156
a Name of MTIA, CCT, PSA, or 103-12 IE: 1290 VT CONVERTIBLE SECURITIES		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2310
a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/JANUS ENTERPRISE		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 680
a Name of MTIA, CCT, PSA, or 103-12 IE: AXA AGGRESSIVE ALLOCATION		
b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY		
c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 367

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA CONSERV-PLUS ALLOCATION

b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16838
--------------------------------	------------------------	---	-------

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE ALLOCATION

b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23109
--------------------------------	------------------------	---	-------

a Name of MTIA, CCT, PSA, or 103-12 IE: AXA MODERATE-PLUS ALLOCATION

b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	141315
--------------------------------	------------------------	---	--------

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/AGGRESSIVE GROWTH STRATEGY

b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11930
--------------------------------	------------------------	---	-------

a Name of MTIA, CCT, PSA, or 103-12 IE: EQ/MONEY MARKET

b Name of sponsor of entity listed in (a): EQUITABLE LIFE INSURANCE COMPANY

c EIN-PN 13-5570651-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28
--------------------------------	------------------------	---	----

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
-----------------	----------------------	---	--

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.	D Employer Identification Number (EIN) 59-3396497	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	170	
(2) Participant contributions	1b(2)	170	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	183215	222771
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	358918	388077
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10261850	12041764
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	694877	897261
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11499200	13549873
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	961	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	961	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11498239	13549873

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	762675	
(B) Participants.....	2a(1)(B)	965505	
(C) Others (including rollovers).....	2a(1)(C)	154192	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1882372
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	18527	
(F) Other.....	2b(1)(F)	12199	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30726
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	390517	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		390517
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		29582
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		764561
c Other income	2c		1036
d Total income. Add all income amounts in column (b) and enter total.....	2d		3098794

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1011319	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1011319
f Corrective distributions (see instructions)	2f		997
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34265	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	579	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		34844
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1047160

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2051634
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **CHERRY BEKAERT, LLP**

(2) EIN: **56-0574444**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1171
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>CAREERSOURCE CENTRAL FLORIDA 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRAL FLORIDA REGIONAL WORKFORCE DEVELOPMENT BOARD, INC.</u>	D Employer Identification Number (EIN) <u>59-3396497</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	37

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300864A.

CAREERSOURCE CENTRAL FLORIDA 403(b) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

*As of June 30, 2025 and 2024 and
for the Year Ended June 30, 2025*

And Report of Independent Auditor

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
TABLE OF CONTENTS

REPORT OF INDEPENDENT AUDITOR..... 1-3

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits4
Statement of Changes in Net Assets Available for Benefits5
Notes to the Financial Statements 6-13

SUPPLEMENTAL SCHEDULES

Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Part IV, Line 4a14
Schedule of Assets (Held at End of Year) – Form 5500 Schedule H, Part IV Line 4i 15-16

Note: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditor

To the Plan Administrator
CareerSource Central Florida
403(b) Plan
Orlando, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of CareerSource Central Florida 403(b) Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institutions”).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule of Delinquent Participant Contributions – Form 5500, Schedule H, Part IV, Line 4a for the year ended June 30, 2025, and Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of June 30, 2025, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Cherry Bekaert LLP

Orlando, Florida
February 13, 2026

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value	\$ 12,495,094	\$ 10,684,390
Fully benefit-responsive investment contracts, at contract value	832,008	631,255
Notes receivable from participants	222,771	183,215
Employer contribution receivable	-	170
Participants contribution receivable	-	170
Total Assets	<u>13,549,873</u>	<u>11,499,200</u>
LIABILITIES		
Contributions refund payable	-	961
Net Assets Available for Benefits	<u>\$ 13,549,873</u>	<u>\$ 11,498,239</u>

The accompanying notes to the financial statements are an integral part of these statements.

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED JUNE 30, 2025

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value and contract value of investments	\$ 794,143
Interest and dividends	402,716
Other income	1,036
	<u>1,197,895</u>

Interest income on notes receivable from participants	<u>18,527</u>
---	---------------

Contributions:

Participants	965,505
Employer	762,675
Other contributions, including rollovers	154,192

Total Contributions	<u>1,882,372</u>
---------------------	------------------

Total Additions	<u>3,098,794</u>
-----------------	------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,012,316
Administrative expenses	34,844

Total Deductions	<u>1,047,160</u>
------------------	------------------

Net increase in net assets available for benefits	2,051,634
---	-----------

Net assets available for benefits, beginning of year	<u>11,498,239</u>
--	-------------------

Net assets available for benefits, end of year	<u><u>\$ 13,549,873</u></u>
--	-----------------------------

The accompanying notes to the financial statements are an integral part of these statements.

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
 NOTES TO THE FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Note 1—Description of the Plan

The following description of the CareerSource Central Florida (formerly known as Workforce Central Florida) 403(b) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more comprehensive description of the Plan's provisions.

General – The Plan is a 403(b) defined contribution plan covering all eligible employees of CareerSource Central Florida (the "Company" or "Employer") as defined in the Plan document. The Plan has an effective date of October 1, 1999. Employees are automatically enrolled in the Plan once eligible with a deferral rate of 4% of compensation. Deferral contributions for each active participant having automatic enrollment contributions are increased annually by 1%, up to a maximum of 8% of compensation. The increase is every January 1. The automatic elective deferral contributions shall apply to participants at the time they enter or reenter the Plan and shall also apply to active participants that are deferring less than 8% or who are not deferring. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was restated effective August 21, 2021.

Eligibility – All employees are eligible to participate in the Plan with the exception of employees who normally work less than 20 hours per week and employees who are enrolled as students and regularly attend classes offered by the Employer. Eligible employees can make elective deferrals beginning on their date of hire and can receive Employer contributions after the employee has completed six months of service and upon attaining the age of 21 years.

Contributions – Under the Plan, eligible participants may elect to contribute up to 100% of their compensation for the year, not to exceed the Internal Revenue Service ("IRS") limitation of \$23,500 for the Plan year ended June 30, 2025. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company provides matching contributions equal to 100% of a participant's elective deferrals not to exceed 8% of the participant's compensation. The Company may make discretionary contributions as well, not to exceed the maximum amount that may be contributed under the law.

Catch-Up Contributions – For the year ended June 30, 2025, if a participant is eligible to make contributions and reaches age 50 before the end of the calendar year, the participant may contribute an additional \$7,500 into the Plan as a pre-tax contribution subject to certain IRC limitations. Catch-up contributions are not eligible for matching contributions made by the Company.

Participant Accounts – Each participant's account is credited with the employee contributions, the Company's contributions, Plan earnings (loss), and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. Participants may direct the investment of their account balances into various funds offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Employee contributions and rollover contributions are immediately vested. Employer contributions vest according to the following schedule, with a year of service defined as a one-year period ending on June 30 in which the participant has 1,000 or more hours of service:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year	25%
2 years	50%
3 years	100%

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Note 1—Description of the Plan (continued)

Benefits Paid to Participants – A participant may withdraw any part of his or her vested account resulting from voluntary contributions or rollover contributions at any time. A participant may withdraw any part of his or her vested account resulting from elective deferral contributions, matching contributions, qualified non-elective contributions, additional contributions, and discretionary contributions any time after he or she attains age 59½. Age 59½ withdrawals may be made once annually in any 12-month period. Withdrawals may be a single lump-sum distribution or annual installments.

Notes Receivable from Participants – Participants are permitted to take loans from the Plan from a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants are allowed no more than one outstanding loan at a time. The loan is secured by the balance in the participant's account and bears interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Interest rates ranged from 4.25% to 9.50% as of June 30, 2025. Principal and interest is paid ratably through monthly payroll deductions. Notes receivable outstanding under the Plan were \$222,771 and \$183,215 as of June 30, 2025 and 2024, respectively. The maximum term of any loan may not exceed five years, unless it is for the purpose of buying, building or substantially rehabilitating a primary residence.

Plan Expenses – The Plan permits the payment of Plan expenses to be made from the Plan's assets. If the Company does not pay the Plan expenses from its own assets, then the expenses will be paid using the Plan's assets and will generally be allocated among the accounts of all participants in the Plan. Investment fees are allocated to participants in proportion to the amount of their account balance. Participant fees are charged directly to the accounts of the participants who incur those fees.

Note 2—Summary of significant accounting policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Risks and Uncertainties – Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with credit investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Delinquent notes receivable from participants are recorded as deemed distributions based on terms of the Plan document.

Investment Options – Participants may direct 100% of their allocation of contributions with the Principal Trust Company ("Principal") or the Equitable Financial Life Insurance Company ("Equitable"), the "Qualified Institutions" of the Plan. Within Principal and Equitable, participants may select between a number of investment options.

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Note 2—Summary of significant accounting policies (continued)

Investment Recognition – Investments are reported at fair value, except for fully benefit-responsive investments, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Fair value determinations are made based upon a hierarchy that prioritizes the inputs to valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Three levels of inputs may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability, including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following are descriptions of the valuation methodologies used for instruments measured at fair value:

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Mutual Funds, Index Funds, and Variable Annuity Balanced Mutual Funds in Pooled Separate Accounts – These assets are not available in an exchange or an active market; however, as a practical expedient, the fair value is determined based on NAV of the underlying assets as traded in an exchange or active market. Pooled separate accounts using NAV as a practical expedient have not been classified under the fair value hierarchy.

Guaranteed Investment Contracts (Non-Fully Benefit-Responsive Portion) – These investments are guaranteed fixed income annuities backed by Equitable claims paying ability whereby the annuities guarantee principal and a minimum interest rate. The non-fully benefit-responsive portion of these contracts provides an opportunity for additional amounts in excess of the guaranteed rate and is reported at fair value, classified within Level 3 of the valuation hierarchy. See Note 5 for further details.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2025 AND 2024

Note 2—Summary of significant accounting policies (continued)

Payment of Benefits – Benefits paid to participants are recorded when paid.

Deemed Loan Distributions – Deemed loan distributions are recorded when the participant defaults on the loan.

Forfeitures – As of June 30, 2025 and 2024, there were \$55,741 and \$44,723, respectively, in forfeited nonvested accounts. These accounts may be used to reduce future Employer contributions or to pay administrative expenses.

Administrative Expenses – Plan administrative expenses are paid out of Plan assets, unless otherwise stated.

Note 3—Fair value measurement

Below are the Plan's financial instruments carried at fair value on a recurring basis by the fair value hierarchy levels as of June 30:

	2025				Total Fair Value
	Level 1	Level 2	Level 3	Other ^(a)	
Mutual funds	\$ 12,041,749	\$ -	\$ -	\$ -	\$ 12,041,749
Pooled separate accounts	-	-	-	388,091	388,091
Guaranteed investment contracts	-	-	65,254	-	65,254
Total investments at fair value	<u>\$ 12,041,749</u>	<u>\$ -</u>	<u>\$ 65,254</u>	<u>\$ 388,091</u>	<u>\$ 12,495,094</u>
	2024				
	Level 1	Level 2	Level 3	Other ^(a)	Total Fair Value
Mutual funds	\$ 10,261,850	\$ -	\$ -	\$ -	\$ 10,261,850
Pooled separate accounts	-	-	-	358,918	358,918
Guaranteed investment contracts	-	-	63,622	-	63,622
Total investments at fair value	<u>\$ 10,261,850</u>	<u>\$ -</u>	<u>\$ 63,622</u>	<u>\$ 358,918</u>	<u>\$ 10,684,390</u>

^(a) In accordance with U.S. GAAP, certain investments that are measured at fair value using NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2025 AND 2024

Note 3—Fair value measurement (continued)

The following tables summarize certain information about investments measured at fair value based on NAV per share, which are not readily determinable, as of June 30:

2025				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 388,091	n/a	Daily	30 days

2024				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$ 358,918	n/a	Daily	30 days

There were no transfers into and out of purchases, and issues of Level 3 investments for the year ended June 30, 2025.

The following tables summarize investments for which fair value is shown under Level 3 hierarchy as of June 30:

2025				
Asset	Fair Value	Valuation Technique	Unobservable Inputs	Rate (weighted average)
Guaranteed investment contracts	\$ 65,254	Discounted cash flow	Risk - adjusted discount rate applied	1.00% - 3.00%

2024				
Asset	Fair Value	Valuation Technique	Unobservable Inputs	Rate (weighted average)
Guaranteed investment contracts	\$ 63,622	Discounted cash flow	Risk - adjusted discount rate applied	1.00% - 3.00%

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Note 4—Information certified by the qualified institutions (unaudited)

The Plan has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal or Equitable, the Qualified Institutions, have certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedules:

- Investments, at fair value, fully benefit-responsive investment contracts, at contract value, and notes receivable from participants as shown in the statements of net assets available for benefits as of June 30, 2025 and 2024.
- Net appreciation in fair value and contract value of investments, interest and dividends, other income, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2025.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of June 30, 2025.

The Plan's independent auditor did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 5—Guaranteed investment contracts with insurance companies

Principal – The Plan invests in a guaranteed fixed annuity contract with Principal. Principal maintains the contributions in the Principal General Account. Principal groups the premium dollars it receives over defined time periods into vintages, typically composed of one or more contiguous calendar months, for the purpose of determining the crediting rate to participant's accounts. The crediting rate for each vintage is determined, in part, by the net investment earnings rate of the principal assets supporting that vintage, minus a charge for administrative expenses, and an amount set aside for contingency reserves. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Because the guaranteed investment contract with Principal is fully benefit-responsive, contract value is the relevant measurement attribute for the net assets available for benefits attributable to this guaranteed investment contract. The fully benefit-responsive investment contract included in the financial statements at contract value as reported to the Plan by Principal (\$832,008 and \$631,255 at June 30, 2025 and 2024, respectively, unaudited).

The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. The interest rate credited to participants of the investment contracts for the Plan was 1.65% for the year ended June 30, 2025.

Certain events limit the Plan's ability to transact at contract value with Principal. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan administrator does not believe any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

Note 5—Guaranteed investment contracts with insurance companies (continued)

The guaranteed investment contract does not permit Principal to terminate the agreement prior to the scheduled maturity date.

Equitable – The Plan invests in guaranteed interest investments with Equitable. Each participant's account is credited with the participant's contribution, an allocation of the Employer's contribution and Plan earnings, and is charged for Plan withdrawals.

As described in Note 2, the guaranteed investment contract with Equitable is not fully benefit-responsive; accordingly, fair value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The fair value of the investment contracts at June 30, 2025 and 2024 was \$65,254 and \$63,622, respectively, (unaudited).

Certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. The contracts may be terminated by the Plan sponsor by providing notice of termination. Employer directed withdrawals, including termination, may be subject to a surrender charge, as outlined in the agreement. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

Note 6—Party-in-interest transactions

Plan investments are held and managed by the Qualified Institutions and qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Notes receivable from participants also qualify as party-in-interest transactions.

Fees paid by the Plan for the investment management services of Principal and Equitable amounted to \$34,844 for the year ended June 30, 2025, and are recorded in administrative expenses.

Note 7—Plan termination

The Company believes the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event such discontinuance results in termination of the Plan, the Plan provides the assets be allocated among the participants and beneficiaries in the amounts credited to each participant's respective account at the effective date of such termination. Distribution of participant account balances will occur as soon as administratively feasible upon termination of the Plan.

Note 8—Tax status

The Internal Revenue Service has determined and informed the Plan prototype sponsor by a letter dated March 31, 2017, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Company has chosen to rely on the determination letter issued to the Plan prototype sponsor. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and has no income subject to unrelated business income tax and, therefore, the Plan and related trust continue to be tax-exempt.

**CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS**

JUNE 30, 2025 AND 2024

Note 8—Tax status (continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9—Nonexempt transactions

During 2025, employee withholdings totaling \$1,171 were not remitted to the Plan within the appropriate time period by the Plan administrator. This transaction constituted a prohibited transaction as defined by ERISA. The Plan administrator remitted all of the employee withholdings that were not remitted within the appropriate time period during the Plan year.

Note 10—Subsequent events

The Plan has evaluated subsequent events through February 13, 2026 in connection with the preparation of these financial statements, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CAREERSOURCE CENTRAL FLORIDA

403(b) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

FORM 5500, SCHEDULE H, PART IV, LINE 4a

EIN: 59-3396497, PLAN NUMBER: 001

FOR THE YEAR ENDED JUNE 30, 2025

Year	Contributions Transferred Late to the Plan	Total That Constitutes Nonexempt Prohibitive Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
2025	\$ 1,171	\$ -	\$ -	\$ -	\$ 1,171

CAREERSOURCE CENTRAL FLORIDA
403(b) PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 59-3396497, PLAN NUMBER: 001

JUNE 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
Guaranteed Investment Contracts:			
*	Principal	Principal Life Insurance Company Fixed Income Guaranteed Option	\$ 832,008
*	Equitable	AXA Equitable Life Insurance Company Fixed Income Guaranteed Option	65,254
Total Guaranteed Investment Contracts			<u>897,262</u>
Mutual Funds:			
*	Principal	American Century One Choice 2030 Portfolio R6 Fund	1,548,360
*	Principal	American Century One Choice 2035 Portfolio R6 Fund	1,878,410
*	Principal	American Century One Choice 2040 Portfolio R6 Fund	1,886,651
*	Principal	American Century One Choice 2045 Portfolio R6 Fund	1,764,075
*	Principal	American Century One Choice 2050 Portfolio R6 Fund	735,470
*	Principal	American Century One Choice 2055 Portfolio R6 Fund	540,803
*	Principal	American Century One Choice 2060 Portfolio R6 Fund	147,461
*	Principal	American Century One Choice 2065 Portfolio R6 Fund	89,050
*	Principal	American Century Mid-Cap Value R6 Fund	15,761
*	Principal	American Century One Choice In Retirement Portfolio R6 Fund	2,346,813
*	Principal	AB Large Cap Growth Z Fund	191,576
*	Principal	BlackRock Total Return K Fund	115,698
*	Principal	BlackRock Mid-Cap Growth Equity K Fund	77,751
*	Principal	Janus Henderson Triton N Fund	11,414
*	Principal	MFS International Diversification R6 Fund	16,051
*	Principal	Macquarie Small Cap Value R6 Fund	5,115
*	Principal	Putnam Large Cap Value R6 Fund	23,966
*	Principal	Principal MidCap S&P 400 Index R6 Fund	36,169
*	Principal	Principal Real Estate Securities R6 Fund	59,386
*	Principal	Principal SmallCap S&P 600 Index R6 Fund	32,651
*	Principal	Principal LargeCap S&P 500 Index Inst Fund	519,118
Total Mutual Funds			<u>12,041,749</u>

CAREERSOURCE CENTRAL FLORIDA

403(b) PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

FORM 5500, SCHEDULE H, PART IV, LINE 4i

EIN: 59-3396497, PLAN NUMBER: 001

JUNE 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
Pooled Separate Accounts:			
*	Equitable	AXA Moderate-Plus Allocation	\$ 143,021
*	Equitable	EQ/Money Market	29
*	Equitable	EQ/Aggressive Growth Strategy	11,930
*	Equitable	AXA Conserv-Plus Allocation	19,280
*	Equitable	AXA Moderate Allocation	99,204
*	Equitable	AXA Aggressive Allocation	6,060
*	Equitable	AXA Lg Cap Grw Managed Vol	5,441
*	Equitable	AXA Lg Cap Core Managed Vol	519
*	Equitable	AXA Lg Cap Val Managed Vol	4,458
*	Equitable	EQ/Janus Enterprise	680
*	Equitable	AXA Int Core Managed Vol	8,168
*	Equitable	AXA Int Val Managed Vol	715
*	Equitable	AXA Glb Eqty Managed Vol	3,999
*	Equitable	EQ/American Centry Mid Cap Val	379
*	Equitable	EQ/Common Stock Index	25,769
*	Equitable	Multimanager Aggressive Equity	49
*	Equitable	EQ/Mid Cap Index	11,082
*	Equitable	AXA Mid Cap Val Managed Vol	1,704
*	Equitable	EQ/Equity 500 Index	24,271
*	Equitable	EQ/Small Company Index	8,732
*	Equitable	EQ/Boston Advisors Eqty Income	2,157
*	Equitable	EQ/Gamco Mergers & Acquisition	2,688
*	Equitable	1290 VT Convertible Securities	2,310
*	Equitable	EQ/BlackRock Basic Value Eqty	2,531
*	Equitable	EQ/International Equity Index	886
*	Equitable	AXA/AB Small Cap Growth	1,119
*	Equitable	AXA/Horizon Small Cap Value	910
Total Pooled Separate Accounts			<u>388,091</u>
Notes Receivables from Participants:			
*	Plan participants	Notes receivable from participants (interest rates 4.25% to 9.50%, maturing no later than August 2039), secured by participant accounts.	<u>222,771</u>
Total Assets (Held at Year End)			<u><u>\$ 13,549,873</u></u>

* An asterisk in column (a) denotes a party-in-interest to the Plan.
Column (d) has not been presented as it is not required for participant directed accounts.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CS C F 403() P

EIN 59 3396497
 PLAN NUMBER 001
 PLAN YEAR 07/01/2024 TO 06/30/2025

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
American Century Investments	Registered Investment Company Am Cent One Chc In Rt Po R6 Fd	Registered Investment Company Am Cent One Chc In Rt Po R6 Fd	\$ 0.00	\$ 2,346,827.20
American Century Investments	Registered Investment Company Am Cent One Chc 2030 Por R6 Fd	Registered Investment Company Am Cent One Chc 2030 Por R6 Fd	\$ 0.00	\$ 1,548,359.63
American Century Investments	Registered Investment Company Am Cent One Chc 2035 Por R6 Fd	Registered Investment Company Am Cent One Chc 2035 Por R6 Fd	\$ 0.00	\$ 1,878,410.27
American Century Investments	Registered Investment Company Am Cent One Chc 2040 Por R6 Fd	Registered Investment Company Am Cent One Chc 2040 Por R6 Fd	\$ 0.00	\$ 1,886,650.77
American Century Investments	Registered Investment Company Am Cent One Chc 2045 Por R6 Fd	Registered Investment Company Am Cent One Chc 2045 Por R6 Fd	\$ 0.00	\$ 1,764,074.71
American Century Investments	Registered Investment Company Am Cent One Chc 2050 Por R6 Fd	Registered Investment Company Am Cent One Chc 2050 Por R6 Fd	\$ 0.00	\$ 735,470.19
American Century Investments	Registered Investment Company Am Cent One Chc 2055 Por R6 Fd	Registered Investment Company Am Cent One Chc 2055 Por R6 Fd	\$ 0.00	\$ 540,803.25
American Century Investments	Registered Investment Company Am Cent One Chc 2060 Por R6 Fd	Registered Investment Company Am Cent One Chc 2060 Por R6 Fd	\$ 0.00	\$ 147,461.43
American Century Investments	Registered Investment Company Am Cent One Chc 2065 Por R6 Fd	Registered Investment Company Am Cent One Chc 2065 Por R6 Fd	\$ 0.00	\$ 89,050.12
American Century Investments	Registered Investment Company American Centur Mid-Cap Val R6	Registered Investment Company American Centur Mid-Cap Val R6	\$ 0.00	\$ 15,761.16
Alliance Bernstein	Registered Investment Company AB Large Cap Growth Z Fund	Registered Investment Company AB Large Cap Growth Z Fund	\$ 0.00	\$ 191,576.01
Equitable Life Insurance Company	Pooled Separate Accounts AXA Aggressive Allocation	Pooled Separate Accounts AXA Aggressive Allocation	\$ 0.00	\$ 6,059.00
Equitable Life Insurance Company	Pooled Separate Accounts AXA AB Small Cap Growth	Pooled Separate Accounts AXA AB Small Cap Growth	\$ 0.00	\$ 1,119.00
Equitable Life Insurance Company	Pooled Separate Accounts AXA Conserv Plus Allocation	Pooled Separate Accounts AXA Conserv Plus Allocation	\$ 0.00	\$ 2,442.00
Equitable Life Insurance Company	Pooled Separate Accounts AXA Conserv-Plus Allocation	Pooled Separate Accounts AXA Conserv-Plus Allocation	\$ 0.00	\$ 16,838.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CS C F 403() P
 EIN 59 3396497
 PLAN NUMBER 001
 PLAN YEAR 07/01/2024 TO 06/30/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Equitable Life Insurance Company	Pooled Separate Accounts AXA GLb Eqty Managed Vol	\$ 0.00	\$ 3,999.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA Int Core Managed Vol	\$ 0.00	\$ 8,168.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA Int Val Managed Vol	\$ 0.00	\$ 714.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA IG CAP CORE MANAGED VOL	\$ 0.00	\$ 519.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA IG CAP GRW MANAGED VOL	\$ 0.00	\$ 5,441.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA IG CAP VAL MANAGED VOL	\$ 0.00	\$ 4,457.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA Moderate Allocation	\$ 0.00	\$ 23,109.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA Moderate Plus Allocation	\$ 0.00	\$ 1,705.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA Moderate-Plus Allocation	\$ 0.00	\$ 141,315.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA MID CAP VAL MANAGED VOL	\$ 0.00	\$ 1,703.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA MODERATE ALLOCATION	\$ 0.00	\$ 76,094.00
	Equitable Life Insurance Company	Pooled Separate Accounts AXA/HORIZON SMALL CAP VALUE	\$ 0.00	\$ 909.00
	BlackRock	Registered Investment Company BlackRock Md-Cp Gr Eq K Fd	\$ 0.00	\$ 77,750.79
	BlackRock	Registered Investment Company BlackRock Total Return K Fund	\$ 0.00	\$ 115,697.72
	Equitable Life Insurance Company	Pooled Separate Accounts EO Blackrock Basic Value Eqty	\$ 0.00	\$ 2,531.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

12/02/25

00

PLAN ID 6-23601

CGS2339

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CS C F 403() P
 EIN 59 3396497
 PLAN NUMBER 001
 PLAN YEAR 07/01/2024 TO 06/30/2025

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
Equitable Life Insurance Company	Pooled Separate Accounts EQ Com Stock Index		\$ 0.00	\$ 25,769.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ Equity 500 Index		\$ 0.00	\$ 24,271.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ GAMCO Mergers & Acquisition		\$ 0.00	\$ 2,687.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ International Equity Index		\$ 0.00	\$ 885.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ MID Cap Index		\$ 0.00	\$ 11,081.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ Small Company Index		\$ 0.00	\$ 8,732.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ/Aggressive Growth Strategy		\$ 0.00	\$ 11,930.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ/AMERICAN CENTRY MID CAP VAL		\$ 0.00	\$ 378.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ/BOSTON ADVISORS EOTY INCOME		\$ 0.00	\$ 2,156.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ/JANUS ENTERPRISE		\$ 0.00	\$ 680.00
Equitable Life Insurance Company	Pooled Separate Accounts EQ/MONEY MARKET		\$ 0.00	\$ 28.00
Equitable Life Insurance Company	Insurance Company General GIA (Including Frozen Reserve)		\$ 0.00	\$ 9,462.00
Equitable Life Insurance Company	Insurance Company General GIA Including Frozen Reserve		\$ 0.00	\$ 55,791.00
Janus International Holding, LLC	Registered Investment Company JanusHenderson Triton N		\$ 0.00	\$ 11,414.03
Delaware Investments	Registered Investment Company Macquarie Small Cap Value R6 F		\$ 0.00	\$ 5,115.39

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CS C F 403() P
 EIN 59 3396497
 PLAN NUMBER 001
 PLAN YEAR 07/01/2024 TO 06/30/2025

(A)	(B)	(C)	(D)	(E)
Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value	
Equitable Life Insurance Company	Pooled Separate Accounts Multimanager Aggressive Equity	\$ 0.00	\$ 49.00	
MFS Investment Management	Registered Investment Company MFS Intl Diversification R6 Fd	\$ 0.00	\$ 16,051.40	
* Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 0.00	\$ 832,008.27	
* Principal Funds Inc	Registered Investment Company Prin IgCb S&P 500 Idx Inst Fd	\$ 0.00	\$ 519,118.07	
* Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R6 Fd	\$ 0.00	\$ 36,168.91	
* Principal Funds Inc	Registered Investment Company Prin RE Secs R6 Fund	\$ 0.00	\$ 59,385.59	
* Principal Funds Inc	Registered Investment Company Prin SmCb S&P 600 Idx R6 Fd	\$ 0.00	\$ 32,651.05	
Putnam Investments	Registered Investment Company Putnam Large Cap Value R6 Fund	\$ 0.00	\$ 23,966.38	
Equitable Life Insurance Company	Pooled Separate Accounts 1290 VT CONVERTIBLE SECURITIES	\$ 0.00	\$ 2,310.00	
* Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.50%	\$ 0.00	\$ 222,771.00	