



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

August 3, 2016

The Honorable Rick Scott
Governor of Florida
PL-05 The Capitol
400 South Monroe Street
Tallahassee, Florida 32399

The Honorable Andy Gardiner
President, The Florida Senate
409 The Capitol
404 South Monroe Street
Tallahassee, Florida 32399-1100

The Honorable Steve Crisafulli
Speaker, Florida House of Representatives
420 The Capitol
402 South Monroe Street
Tallahassee, Florida 32399

Dear Governor Scott, President Gardiner and Speaker Crisafulli:

In accordance with section 20.058, Florida Statutes, the Department of Juvenile Justice (DJJ) provides the following recommendation to continue the Florida Juvenile Justice Foundation (FJJF). The Department and FJJF share a rich and long history of working together to improve the lives of at-risk children and their families. The FJJF began as a public-private partnership program of DJJ that started in 1994. Today, it is a 501(c)(3) authorized by section 985.672, Florida Statutes. Its guiding principles are to:

- support the Department of Juvenile Justice, as their direct-support organization, in carrying out its mission;
- individually and collectively act in accordance with the adopted Code of Ethics;
- communicate openly in accordance with Florida's Sunshine Law;
- protect confidential records and information;
- coordinate, whenever possible, fund-raising efforts with the Department;
- serve as ambassadors of goodwill for the Department and the youth it serves;
- protect donors through sound investment policies;
- enhance, not supplant, state funding of programs; and
- recognize achievements and distinctions of those who support the Foundation's mission.

The FJJF works toward these principles with a mission to solicit and steward private gifts to promote education and vocational services, and public safety through effective prevention, diversion and intervention services. The FJJF's Board of Directors creates policies, provides direction, raises funds, and

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
<http://www.djj.state.fl.us>

The mission of the Department of Juvenile Justice is to increase public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services that strengthen families and turn around the lives of troubled youth.

Page Two
August 3, 2016

stewards all funds raised to enhance the activities of the Florida Department of Juvenile Justice. The Foundation achieves this specifically by promoting delinquency prevention, intervention and educational opportunities for youth.

One of the many programs the FJJF funds is the Youth Investment Award program, which provides financial assistance designed to further the education and employability of juvenile justice-involved youth. In addition, the FJJF funds back-to-school drives, Youth Success Week, the Human Trafficking Summit, the National Faith-Based Symposium, and provides support and recognition for the DJJ Teacher of the Year award. The FJJF runs a national grant from the Annie E. Casey Foundation to support the Juvenile Detention Alternatives Initiative, helping Florida save tax dollars while keeping communities safe and helping youth succeed. The FJJF is an integral part of DJJ and shares a long and collaborative relationship that is rare amongst direct-support organizations.

In recognition of the tremendous support the FJJF provides to DJJ, I therefore fully recommend the continued collaboration and association between DJJ and the FJJF.

Sincerely,



Christina K. Daly
Secretary



**Florida Juvenile Justice Foundation
Annual Reporting Requirements
In accordance with section 20.058, Florida Statutes**

Table of Contents

- | | |
|---|--------------------|
| 1. The name, mailing address, telephone number, and website address of the organization. | Page 1 |
| 2. The statutory authority or executive order pursuant to which the organization was created. | Page 1 |
| 3. A brief description of the mission of, and results obtained by, the organization. | Page 2 |
| 4. A brief description of the plans of the organization for the next 3 fiscal years. | Page 3, Addendum 1 |
| 5. A copy of the organization's code of ethics. | Page 3, Addendum 2 |
| 6. A copy of the organization's most recent Federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990). | Page 3, Addendum 3 |

1. The name, mailing address, telephone number, and website address of the organization.

Name: Florida Juvenile Justice Foundation
Address: 2737 Centerview Drive, Suite 3100, Tallahassee, Florida 32399
Telephone: (850) 717-2705
Website: FJJFoundation.org at <http://www.fjjfoundation.org>

2. The statutory authority or executive order pursuant to which the organization was created.

The Florida Juvenile Justice Foundation (FJJF) was established in 1999 by Chapter 99-284, Laws of Florida, which is incorporated in law as section 985.672, Florida Statutes. This section of law was last amended in 2014 and is slated to sunset on October 1, 2018, unless reviewed and saved from repeal by the Legislature.

3. A brief description of the mission of, and results obtained by, the organization.

Mission: The Florida Juvenile Justice Foundation is a not-for-profit 501(c)(3), which serves as the Direct-Support Organization to the Department of Juvenile Justice. It is the mission of the Foundation to solicit and steward private gifts to promote education and vocational services, and public safety through effective prevention, diversion and intervention services.

Results: The Foundation serves to change lives – the lives of students, the lives of their parents, and the lives of the citizens in our communities – by promoting delinquency prevention, intervention and educational opportunities for youth. The FJJF has a vibrant board of directors made up of community leaders that are active and engaged in FJJF business. The board meets quarterly to ensure the organization is on point with the strategic plan. In addition, fundraising tasks are completed throughout the year by each member of the board. Frequent meetings with the board president and the executive director help ensure the vision of the foundation is met and supported by member fundraising.

Specific Activities: Funding is financed through grants and donations.

- **General Foundation Fund:** General Fund responsive to statewide needs specific to juvenile justice initiatives, including:
 - Back-to-School drives;
 - Holiday Shop With a Cop initiative;
 - Assist juvenile justice facilities with dog adoption and veterinary fees
 - Youth Success Week;
 - Human Trafficking Summit organization and sponsorship;
 - National Faith Based Symposium organization and sponsorship;
 - National grants through the Annie E. Casey Foundation to support Juvenile Detention Alternatives Initiatives;
 - DJJ Teacher of the Year support and recognition;
 - Partnered with Living Stones International to provide Christmas party with dinner and gifts for children of inmates and their guardians.
- **Youth Investment Awards Fund:** Financial assistance designed to further the education and employability of juvenile justice-involved youth.

- Birth certificates;
- Vocational school tuition and fees;
- Specialty therapies;
- GED fees;
- Emergency living expenses.

4. A brief description of the plans of the organization for the next 3 fiscal years.

Please see Addendum 1, the Florida Juvenile Justice Foundation Strategic Plan document, for a thorough description of organizational goals and strategic goals, which comprise the organization's plans for the next three fiscal years.

5. A copy of the organization's code of ethics.

Please see Addendum 2, the Florida Juvenile Justice Foundation Code of Ethics document, which serves as the organization's code of ethics.

6. A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

Please see Addendum 3, the Florida Juvenile Justice Foundation IRS Form 990, to complete this requirement.



**Florida Juvenile Justice Foundation
Annual Reporting Requirements
In accordance with section 20.058, Florida Statutes**

**ADDENDUM 1:
Florida Juvenile Justice Foundation Strategic Plan**



Florida Juvenile Justice Foundation Strategic Plan (Addendum I)

Mission Statement

The Florida Juvenile Justice Foundation is a not-for-profit 501(c)(3), which serves as the Direct-Support Organization to the Department of Juvenile Justice. It is the mission of the Foundation to positively change the lives of at risk youth through the promotion of prevention, intervention and academic achievement efforts while placing strong emphasis on workforce readiness.

Vision

With an ever-decreasing number of youth entering the juvenile justice system, we envision an enhanced continuum of services to promote positive outcomes for youth. The Foundation will be nationally recognized in this effort.

Guiding Principles

- Support the Department of Juvenile Justice, as their direct-support organization, in carrying out its mission;
- Individually and collectively act in accordance with the adopted Code of Ethics;
- Communicate openly in accordance with Florida's Sunshine Law;
- Protect confidential records and information;
- Coordinate, whenever possible, fund-raising efforts with the Department;
- Serve as ambassadors of goodwill for the Department and the youth it serves;
- Protect donors through sound investment policies;
- Enhance, -not supplant, state funding of programs; and
- Recognize achievements and distinctions of those who support the Foundation's mission.

Goal Overview

1. **Seek and Acquire Funding**
2. **Support the DJJ Mission**
3. **Sustain Foundation Development**

Strategic Goals

Goal 1: Seek supplemental funds to encourage and support youth with the tools necessary to further their success, being certain funds for specific requests are not otherwise available.

- Strategic Objective 1. Fund and administer Youth Investment Award program.
- Strategic Objective 2. Partner with granting organizations and corporations focused on meeting life transition needs of youth, including those who are pursuing career or post-secondary education.

- Strategic Objective 3: List the state and local agencies with whom to coordinate to fill training gaps for youth choosing to join the workforce.
- Strategic Objective 4: Develop, in concert with post-secondary education institutions, systems and procedures for disbursement of Youth Investment Award fees or scholarships

Goal 2: Work on development and promotion of initiatives designed to meet the mission of the Department.

- Strategic Objective 1: Develop a marketing plan to communicate with and market to Florida Juvenile Justice Association, faith-based organizations, and other local and state organizations to promote delinquency prevention, diversion and intervention programs.
- Strategic Objective 2: Create business and other partnerships to support the leadership and community-based programs of the Department.
- Strategic Objective 3: Increase awareness of the Department and the Foundation in their efforts to increase public safety by reducing juvenile delinquency.
- Strategic Objective 4: Sponsor the annual Governor's Community Investment Awards program.

Goal 3: Sustain the development and growth of the Foundation.

- Strategic Objective 1: Increase Board membership to no more than 15 members. Current Board members to recommend individual to FJJF Board Chair and Executive Director.
- Strategic Objective 2: Develop and implement a development plan.
- Strategic Objective 3: Continue and improve public awareness campaign regarding the foundation and its initiatives.
- Strategic Objective 4: Promote web-based online access to facilitate donations of goods and funds.
- Strategic Objective 5: Maintain and update prospective donor and business partner list to support the mission and vision of FJJF list annually. Each board member will come up with 3-5 prospective donors/business partner.



**Florida Juvenile Justice Foundation
Annual Reporting Requirements
In accordance with section 20.058, Florida Statutes**

**ADDENDUM 2:
Florida Juvenile Justice Foundation Code of Ethics**



Codes of Ethics

In establishing policy for and on behalf of the Florida Juvenile Justice Foundation, Inc., each board member is a custodian in trust of the assets of the organization. The organization needs competent and committed board members to serve the organization in a sincere and ethical way.

Therefore, as a board member of the Florida Juvenile Justice Foundation, Inc., please acknowledge and complete the Code of Ethics Statement of Commitment.

In addition, each employee of the Foundation shall abide by the same Codes of Ethics as members of the board. Further, each Foundation employee shall acknowledge and complete the Code of Ethics Statement of Commitment. Each employee of the Foundation shall comply with the Department's Policy #FDJJ - 1900 "Employee Code of Ethics and Personal Responsibility" as found on the agency's Web site www.djj.state.fl.us, a copy of which shall be maintained in the Foundation's office.

Conflict of Interest Policy

Conflict of interest exists whenever the personal or professional interests of a board member are potentially at odds with the best interests of the organization.

Specifically, a conflict of interest arises when a person having official responsibilities for the Florida Juvenile Justice Foundation, Inc. has been empowered to make decisions or take actions on behalf of the Foundation and who, as a result of that power, can potentially benefit personally, directly or indirectly, from an entity or person conducting business with the Foundation or the Florida Department of Juvenile Justice. Such persons, hereinafter referred to as representatives, include: members of the Foundation, Board of Directors, volunteers, and Foundation staff.

To prevent any conflict of interest, the following shall apply:

1. Each representative shall sign a conflict of interest statement at the time they are appointed by the Secretary, disclosing his or her financial interest in businesses or organizations which deal with the Florida Juvenile Justice Foundation or the Florida Department of Juvenile Justice. Direct or indirect conflicts of interest and potential conflicts of interest should be reported annually.
2. Conflicts listed in these statements shall be disclosed to the Board of Directors.
3. No board or staff member may participate in discussion or debate or vote on any matter involving a conflict for that representative. As with any member of the public, all board and staff members may remain in the room during discussion or debate and in no way should a board or staff member be encouraged to leave the room during that discussion or debate.
4. Competitive bidding or comparison shopping shall be used by the Foundation in all circumstances involving potential conflicts to ensure the Foundation receives the most



**Florida Juvenile Justice Foundation
Annual Reporting Requirements
In accordance with section 20.058, Florida Statutes**

**ADDENDUM 3:
Florida Juvenile Justice Foundation IRS Form 990**

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150
2014
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FLORIDA JUVENILE JUSTICE FOUNDATION, INC.**

Number and street (or P.O. box, if mail is not delivered to street address) **2737 CENTERVIEW DR** Room/suite **3216**

City or town, state or province, country, and ZIP or foreign postal code **TALLAHASSEE FL 32399-3100**

D Employer identification number: **59-3623272**

E Telephone number: **850-487-1886**

F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.DJJFOUNDATION.COM**

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **100,970**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21																		
Revenue	1	Contributions, gifts, grants, and similar amounts received															100,970																														
	2	Program service revenue including government fees and contracts																																													
	3	Membership dues and assessments																																													
	4	Investment income																																													
	5a	Gross amount from sale of assets other than inventory																																													
	b	Less: cost or other basis and sales expenses																																													
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																													
	6	Gaming and fundraising events																																													
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																													
c	Less: direct expenses from gaming and fundraising events																																														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																														
7a	Gross sales of inventory, less returns and allowances																																														
b	Less: cost of goods sold																																														
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																														
8	Other revenue (describe in Schedule O)																																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																													
	11	Benefits paid to or for members																																													
	12	Salaries, other compensation, and employee benefits																																													
	13	Professional fees and other payments to independent contractors																																													
	14	Occupancy, rent, utilities, and maintenance																																													
	15	Printing, publications, postage, and shipping																																													
	16	Other expenses (describe in Schedule O)																																													
17	Total expenses. Add lines 10 through 16																																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																													

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	27,716	22	54,812
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1	24	
25 Total assets	27,717	25	54,812
26 Total liabilities (describe in Schedule O)	500	26	59
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,217	27	54,753

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	64,801
29			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	64,801

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAN BEEMAN CHAIR	3.00	0	0	0
PETER PLANT BOARD MEMBER	3.00	0	0	0
TADAR MUHAMMAD BOARD MEMBER	3.00	0	0	0
DOREA MAYS BOARD MEMBER	3.00	0	0	0
PAUL MITCHELL BOARD MEMBER	3.00	0	0	0
LISA IVORY BOARD MEMBER	3.00	0	0	0
AMY PADOLF BOARD MEMBER	3.00	0	0	0
JAMES LEBARON BOARD MEMBER	3.00	0	0	0
ERIC GARCIA BOARD MEMBER	3.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
42a	The organization's books are in care of <input type="text" value="CAROLINE RAY"/> Telephone no. <input type="text" value="850-487-1886"/> <input type="text" value="2737 CENTERVIEW DRIVE, RM 3216"/> Located at <input type="text" value="TALLAHASSEE"/> FL ZIP + 4 <input type="text" value="32399-3100"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here	Signature of officer: CAROLINE RAY	Date
	Type or print name and title	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name MATTHEW R. HANSARD	Preparer's signature <i>Matthew R. Hansard, CPA</i>	Date 9/24/15	Check <input type="checkbox"/> if self-employed	PTIN P00273516
	Firm's name ▶	THOMSON, BROCK, LUGER AND COMPANY		Firm's EIN ▶	20-2259573
	Firm's address ▶	3375G CAPITAL CIR NE TALLAHASSEE, FL 32308-3736		Phone no.	850-385-7444

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

**FLORIDA JUVENILE JUSTICE
FOUNDATION, INC.**

Employer identification number

59-3623272

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,354	120,952	70,351	20,011	100,970	366,638
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	54,354	120,952	70,351	20,011	100,970	366,638
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						207,883
6 Public support. Subtract line 5 from line 4.						158,755

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	54,354	120,952	70,351	20,011	100,970	366,638
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8					8
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						366,646
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	43.30%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	40.88%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Area with horizontal dotted lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization FLORIDA JUVENILE JUSTICE FOUNDATION, INC.	Employer identification number 59-3623272
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization **FLORIDA JUVENILE JUSTICE** Employer identification number **59-3623272**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRAWFORD MARKETING & CONSULTING 2713 BLAIRSTONE LANE TALLAHASSEE FL 32301	\$ 27,268	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SEMINOLE COUNTY COMMISSIONERS 1101 E FIRST ST SANFORD FL 32771	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FLORIDA NETWORK 4190 BELFORT RD, STE 475 JACKSONVILLE FL 32216	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.

2014

 Department of the Treasury
 Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

 Open to Public
 Inspection

Name of the organization

**FLORIDA JUVENILE JUSTICE
 FOUNDATION, INC.**

Employer identification number

59-3623272
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
TRAVEL - TEACHER	\$ 298
TRAVEL - PEARSON	\$ 497
TRAVEL - CASEY	\$ 15,416
TRAVEL - G&A	\$ 1,018
CONFERENCE - FAITH SYMPOSIUM	\$ 28,168
HT SUMMIT CONFERENCE	\$ 8,919
INTEREST EXPENSE	\$ 5
INSURANCE	\$ 1,795
SCHOLARSHIPS & AWARDS	\$ 2,098
OTHER EXPENSE	\$ 6,681
LICENSES & TAXES	\$ 61
BANK FEES	\$ 166
FOOD AND BEVERAGE	\$ 2,992
SUPPLIES	\$ 1,520
TOTAL	\$ 69,634

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEPRECIABLE ASSETS	\$ 10,640	\$ 10,640
LESS ACCUMULATED DEPRECIATION	\$ 10,639	\$ 10,640
TOTAL	\$ 1	\$ 0

Name of the organization

Employer identification number

FLORIDA JUVENILE JUSTICE

59-3623272

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 500	\$ 59

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO ENCOURAGE THE COLLABORATION AMONG BUSINESS PEOPLE, COMMUNITY MEMBERS, PARENTS, YOUTHS OF FLORIDA AND THE FLORIDA JUVENILE JUSTICE SYSTEM TO PROMOTE EDUCATION AND PUBLIC SAFETY THROUGH EFFECTIVE PREVENTION, INTERVENTION AND TREATMENT SERVICES THAT STRENGTHEN FAMILIES AND POSITIVELY CHANGE THE LIVES OF TROUBLED YOUTH.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

PROVIDE ASSISTENCE TO YOUTHS, AGES 16 TO 22, WHO ARE OR HAVE BEEN SERVED BY THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE TO ASSIST IN THEIR SUCCESSFUL TRANSITION INTO ADULTHOOD AND BECOMING PRODUCTIVE CITIZENS BY PROVIDING TUITION ASSISTANCE, JOB TRAINING AND LIVING FINANCIAL SUPPORT.

Federal Asset Report

FYE: 6/30/2015

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Dell Latitude D830 Laptop	9/21/08	1,076			1,076	5 MO S/L	1,076	0
2	Dell Optiplex GX755 Minitower	9/21/08	1,524			1,524	5 MO S/L	1,524	0
3	Computers	11/01/05	2,107			2,107	5 MO S/L	2,107	0
4	Furniture	5/14/07	1,980			1,980	7 MO S/L	1,980	0
5	Downing Displays	7/01/07	3,953			3,953	5 MO S/L	3,953	0
	Total Other Depreciation		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>-0</u>
	Grand Totals		10,640			10,640		10,640	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>

AMT Asset Report

FYE: 6/30/2015

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Dell Latitude D830 Laptop	9/21/08	1,076			1,076	5 MO S/L	1,076	0
2	Dell Optiplex GX755 Minitower	9/21/08	1,524			1,524	5 MO S/L	1,524	0
3	Computers	11/01/05	2,107			2,107	5 MO S/L	2,107	0
4	Furniture	5/14/07	1,980			1,980	7 MO S/L	1,980	0
5	Downing Displays	7/01/07	3,953			3,953	5 MO S/L	3,953	0
	Total Other Depreciation		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>
	Grand Totals		10,640			10,640		10,640	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>10,640</u>			<u>10,640</u>		<u>10,640</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
OTHER	\$ 15,702
CRAWFORD MARKETING & CONSULTING CASH CONTRIBUTION	27,268
SEMINOLE COUNTY COMMISSIONERS CASH CONTRIBUTION	50,000
FLORIDA NETWORK CASH CONTRIBUTION	8,000
TOTAL	<u>\$ 100,970</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANNIE E CASEY FOUNDATION	\$ 125,000	\$ 117,667
THE CONSEQUENCES FOUNDATION	25,000	17,667
SEMINOLE COUNTY COMMISSIONERS	50,000	42,667
CRAWFORD MARKETING & CONSULTING	36,548	29,215
FLORIDA NETWORK	8,000	667
TOTAL	\$ 244,548	\$ 207,883

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2014)

▶ File a separate application for each return.

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**

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

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. FLORIDA JUVENILE JUSTICE FOUNDATION, INC.	Employer identification number (EIN) or 59-3623272
	Number, street, and room or suite no. If a P.O. box, see instructions. 2737 CENTERVIEW DR 3216	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE FL 32399-3100	

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

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

STEVEN SOLOMAN
2737 CENTERVIEW DRIVE, RM 3216

The books are in the care of ▶ **TALLAHASSEE** **FL 32399-3100**

Telephone No. ▶ **850-487-1886** FAX No. ▶

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach

a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or

▶ tax year beginning **07/01/13**, and ending **06/30/14**

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

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

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

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

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. FLORIDA JUVENILE JUSTICE FOUNDATION, INC.	Employer identification number (EIN) or 59-3623272
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2737 CENTERVIEW DR 3216	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE FL 32399-3100	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

STEVEN SOLOMAN
2737 CENTERVIEW DRIVE, RM 3216

The books are in the care of **TALLAHASSEE** FL 32399-3100
Telephone No. **850-487-1886** FAX No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15/15**.
- 5 For calendar year _____, or other tax year beginning **07/01/13**, and ending **06/30/14**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Steven E. Howard Title **CPS** Date **2/13/15**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning 7/01, 2014, and ending 6/30, 2015

2014

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

**FLORIDA JUVENILE JUSTICE
FOUNDATION, INC.**

Employer identification number

59-3623272

Name and title of officer

**CAROLINE RAY
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	100,970
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **THOMSON, BROCK, LUGER AND COMPANY** to enter my PIN **08079** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **09/30/15**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59409008079

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *Caroline Ray*

Date **09/30/15**

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)