

# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

July 17, 2018

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

The Honorable Joe Negron President, The Florida Senate 409 The Capitol 404 South Monroe Street Tallahassee, Florida 32399

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

Dr. R. Philip Twogood Coordinator, OPPAGA 111 West Madison, Room 312 Tallahassee, Florida 32399

Dear Governor Scott, President Negron, Speaker Corcoran, Dr. Twogood:

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

2737 Centerview Drive ● Tallahassee, Florida 32399-3100 ● (850) 488-1850

Rick Scott, Governor

Christina K. Daly, Secretary

## Page Two July 17, 2018

- 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 Foundation 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 Foundation's Board of Directors creates policies, provides direction, raises funds, and 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 Foundation 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 Foundation 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 Foundation 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 Foundation is an integral part of the Department of Juvenile Justice and shares a long and collaborative relationship that is rare amongst direct-support organizations.

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

Sincerely,

Christina K. Daly,

Secretary



# Florida Juvenile Justice Foundation, Inc.

2737 Centerview Drive Tallahassee, FL 32399-3100 850-717-2705



### **BOARD OF DIRECTORS**

Paul Mitchell, Chair mitchell@sostrategy.com 850-671-4401

Caroline Ray Executive Director caroline.ray@djj.state.fl.us 850-294-2749

Tadar Muhammad tmuhammad@hbi.org 863-557-5054

Dorea Mays dmays@rosenhotels.com 407-996-3339

Cindy Lane cindy.lane@truecorebehavioral.com 727-798-4264

Wansley Walters wansley@ballardfl.com 850-577-0444

Pat Tuthill Pat.tuthill@djj.state.fl.us 850-294-2719 June 8, 2018

Ms. Christina K. Daly, Secretary Florida Department of Juvenile Justice 2737 Centerview Drive Tallahassee, FL 32399

Dear Secretary Daly:

The Florida Juvenile Justice Foundation, Inc. (FJJF) submits the following information and attachments to meet the reporting requirements in section 20.058, Florida Statutes.

The FJJF is proud to support the Department of Juvenile Justice through the FJJF mission 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.

Please feel free to contact me directly with any questions or requests for additional information you may have.

Sincerely,

Caroline Ray, Executive Director

MIORAL LOUG

## **Table of Contents**

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

### 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: <a href="http://www.djj.state.fl.us/fjjf/">http://www.djj.state.fl.us/fjjf/</a>

### 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 during the 2018 legislative session to strike the sunset repeal date.

### 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;
  - Provide activities equipment to Detention Centers;
  - Provide Youth Success Packages of clothing, toiletries and basic personal items:
  - Detention Centers Gardening Program Expansion
  - 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;
  - o 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

### 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 solicit and steward private gifts to promote education and vocational services, and public safety through effective prevention, diversion and intervention services. Our mission is 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 scholarship 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.

**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 Juvenile Justice Circuit Advisory Boards, 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.

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

- Strategic Objective 1: Increase Board membership to no more than 20 members. Current Board members to recommend individual to Caroline Ray.
- Strategic Objective 2: Develop and implement a development plan.
- Strategic Objective 3: Develop and launch a public awareness campaign regarding the foundation and its initiatives.
- Strategic Objective 5: Develop a prospective donor and business partner list to support the mission and vision to be update annually.



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

# ADDENDUM 2: Florida Juvenile Justice Foundation Code of Ethics



# Florida Juvenile Justice Foundation Code of Ethics

### **Statement of Commitment**

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:

- 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 advantageous arrangement in such transactions. The Foundation Executive Director shall keep written records of all conflict of interest transactions and report them to the Board of Directors.

Therefore, board members of the Florida Juvenile Justice Foundation, Inc., shall acknowledge and commit to the Conflict of Interest Statement.

### **Confidentiality and Nondisclosure Policy**

The protection of confidential information is vital to the interests and the success of the Florida Juvenile Justice Foundation, Inc. and to the Florida Department of Juvenile Justice. For the most part, Florida's public information, public records and Sunshine laws govern the Foundation.

However, from time to time, members of the Foundation Board of Directors shall be privy to confidential information that includes, but is not limited to, the following examples:

- 1. Donor compensation or personal data
- 2. Juvenile information and lists
- 3. Scholarship applicants' and recipients' personal data
- 4. For-profit corporation financial information

- 5. Pending projects and proposals
- 6. Technological data
- 7. Prospect mailing lists
- 8. Donor giving information
- 9. Grant and funding information

It is the policy of the Foundation to abide by all laws, governmental rules, and policies of the Florida Department of Juvenile Justice that govern confidentiality of juvenile records. Because of the services the Foundation provides, confidentiality of juvenile and family information is an extremely important issue. Board members, employees, contractors and agents of the Foundation must always be aware of their responsibility to protect this information when engaged in the collection, handling or dissemination of any information, including, but not limited to: health/medical information and juvenile/family identifiable information. Unless a duly executed release of information form has been processed with the Florida Department of Juvenile Justice, all members of the Board of Directors and all Foundation employees are required to keep juvenile/family information confidential and shall sign a confidentiality statement as provided in Appendix I at the back of this manual.

## **Policy of Open Government**

Members of the Florida Juvenile Justice Foundation, Inc. Board of Directors and staff are required to adhere to Florida's Public Records and Sunshine (open meetings) Laws.

According to the Florida Attorney General's *Government-In-The-Sunshine Manual*, "The Florida Constitution safeguards every Floridian's right of access to government meetings and records. The comprehensive breadth and scope of our sunshine laws have served for many years as a model for the rest of the nation. In Florida, disclosure is the standard, unless the Legislature has created an express statutory exemption from our strong open government laws. The best way to ensure that government truly represents the people it serves is to keep the government open and accessible to those people. For several decades now, Florida has shown that openness is the key to building and maintaining public trust in the institutions of government."

To that end, a copy of the *Government-In-The-Sunshine Manual, A Reference For Compliance with Florida's Public Records and Open Meetings Laws,* shall be available electronically to all board members via the Internet at <a href="http://myfloridalegal.com/sun.nsf/manual">http://myfloridalegal.com/sun.nsf/manual</a>. It is the responsibility of every board member and the Foundation's Executive Director to ensure that Foundation business is conducted in compliance with these laws. Therefore, original documents that pertain to the Florida Juvenile Justice Foundation, Inc. shall be provided to and maintained by the Foundation's Executive Director as public records.

All board members shall acknowledge and commit to the Government-In-The-Sunshine Statement.



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

# ADDENDUM 3: Florida Juvenile Justice Foundation IRS Form 990

# **Filing Instructions**

# Florida Juvenile Justice Foundation, Inc.

# **Short Form Exempt Organization Tax Return**

## Taxable Year Ended June 30, 2017

Date Due:

May 15, 2018

Remittance:

None is required. Your Form 990-EZ for the tax year ended 6/30/17 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Thomson Brock Luger & Company

3375G Capital Cir NE

Tallahassee, FL 32308-3736

Other:

Initial and date the copies of the IRS e-file Signature Authorization and the Form

990-EZ. Retain them for your records. If previously signed and returned no

further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

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 **2016** 

nen to Publi

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.

Open to Public Inspection

A			dar year, or tax year beginning 07/01/16, and ending 06/30/1° C Name of organization	7			
В		applicable:	D Employ	er identification number			
	Address	-	FLORIDA JUVENILE JUSTICE				
Ц	Name ch	ange	FOUNDATION, INC.		59-	3623272	
	Initial retu	urn	Number and street (or P.O. box, if mail is not delivered to street address)	E Telepho			
	Final retu	ım/terminated	2737 CENTERVIEW DR, ROOM 3216		850-487-1886		
	Amended	f return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption	
	Application	on pending	TALLAHASSEE FL 32399-3100		Numbe	r <b>&gt;</b>	
			Cash X Accrual Other (specify) ▶	_ H Che	ck 🕨 🔲 if	the organization is not	
			V.DJJ.STATE.FL.US/FJJF	_ requ	ired to attac	h Schedule B	
<u>J</u>	Tax-exe	empt status (c	heck only one) — X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or 52	7 (Fог	m 990, 990-	EZ, or 990-PF).	
K	Form o	of organization	n: 🗶 Corporation 🗌 Trust 📗 Association 📗 Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset			-	
(Par	t II, colu		are \$500,000 or more, file Form 990 instead of Form 990-EZ			24,721	
P	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (se			art I)	
			if the organization used Schedule O to respond to any question in this Parl	:1,,,,,,,,,		X	
	1		gifts, grants, and similar amounts received			23,616	
	2	Program se	rvice revenue including government fees and contracts		. 2	<del></del>	
	3	Membership	dues and assessments		3		
	4	Investment	income		4		
	5a	Gross amou	ınt from sale of assets other than inventory 5a		_		
	b		or other basis and sales expenses5b				
	C		from sale of assets other than inwent by (Subtract line 5h from Line 5a)		5c		
	6	Gaming and	fundraising events	\/			
	а	Gross incon	ne from gaming (attach Schedult Clif greater than	У			
a c		\$15,000)	6a   • • • • • • • • • • • • • • • • • •	<u> </u>			
Revenue	b	Gross incon	ne from fundraising events (not including \$ 7,167 of contribution	ns			
Se.			ising events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b	1,1	05		
	С	Less: direct	expenses from gaming and fundraising events 6c 6c	1,1	05		
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
					6d		
	7a	Gross sales	of inventory, less returns and allowances 7a				
	b		of goods sold				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other reven	ue (describe in Schedule O)		. 8		
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	23,616	
	10	Grants and	similar amounts paid (list in Schedule O)		10		
	11	Benefits pai	d to or for members		11		
ø	12	Salaries, oth	ner compensation, and employee benefits		12		
nse	13	Professiona	I fees and other payments to independent contractors		13	3,500	
Expenses	14	Occupancy,	rent, utilities, and maintenance		14		
Ш	15	Printing, put	blications, postage, and shipping		15		
	16	Other exper	nses (describe in Schedule O)		1 40 (	59,442	
	17		nses. Add lines 10 through 16		17	62,942	
10	18	Excess or (d	deficit) for the year (Subtract line 17 from line 9)		18	-39,326	
sets	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
Ass			figure reported on prior year's return)			158,381	
Net Assets	20	Other chang	ges in net assets or fund balances (explain in Schedule O)		20		
	21		or fund balances at end of year. Combine lines 18 through 20		21	119,055	
For	Paper	work Reduct	ion Act Notice, see the separate instructions.			Form 990-EZ (2016)	

Form 990-EZ (2016) FLORIDA JUVENILE JUSTICE 59-3623272 Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 158,381 118,966 22 22 Cash, savings, and investments 0 23 Land and buildings 23 1,475 Other assets (describe in Schedule O) 0 24 158,381 25 120,441 Total assets 0 1,386 26 Total liabilities (describe in Schedule O) 158,381 119,055 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? (Required for section 501(c)(3) and 501(c)(4) SEE SCHEDULE O Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. SEE SCHEDULE O 56,578 (Grants \$ If this amount includes foreign grants, check here 28a 29 (Grants \$ If this amount includes foreign grants, check here 29a 30 ) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here 31a 56,578 32 32 Total program service expenses (add lines 28a through 31a) 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 (c) Reportable (d) Health benefits, (b) Average compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and (e) Estimated amount of (a) Name and title hours per week devoted to position other compensation deferred compensation (if not paid, enter -0-) PETER PLANT 3.00 0 0 BOARD MEMBER TADAR MUHAMMAD 0 0 3.00 BOARD MEMBER DOREA MAYS 3.00 0 0 BOARD MEMBER ALLEN ROOSA 0 0 3.00 BOARD MEMBER LISA IVORY 0 0 BOARD MEMBER 3.00 MONICA MAY 0 0 BOARD MEMBER 3.00 WANSLEY WALTERS BOARD MEMBER 3.00 0 0

3.00

3.00

3.00

0

0

36,327

0

0

7,795

0

0

0

0

0

0

0

0

0

2,794

CINDY LANE

BOARD MEMBER PAUL MITCHELL PRESIDENT

CAROLINE RAY

EXECUTIVE DIRECTOR

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 Nο 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 33 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 34 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 35a If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b 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 35c 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 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ; section 4955 ► ; section 4912 ► section 4911 ▶ 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 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, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 40e List the states with which a copy of this return is filed ▶ NONE 41 42a The organization's books are in care of ▶ CAROLINE RAY Telephone no. ► 850-487-1886 2737 CENTERVIEW DRIVE, RM 3216 32399-3100 Located at ► TALLAHASSEE FL b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 

43 Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ 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 44h Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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) 45h

formation formation

Form 990	)-EZ (2016)	FLORIDA	JUVENILE 3	JUSTICE		59-36	23272			F	Page 4
			ctly or indirectly, in po						46	Yes	No X
Part '	VI Sec All s	tion 501(c)(3)	organizations o organizations mus	nly							
			ation used Schedul	e O to respond to	any questio	n in this Part	٧١				
	-	zation engage in lob	obying activities or ha						47	Yes	No X
			scribed in section 17	0(b)(1)(A)(ii)? If "Yes	s," complete \$	Schedule E					X
			insfers to an exempt							1	Х
b If	"Yes," was th	ne related organizat	tion a section 527 org	anization?					491	)	L
			zation's five highest of								
er	nployees) wh	no each received m	ore than \$100,000 of			Reportable	one, enter " (d) Health				
	(a) l	Name and title of each	h employee	(b) Averag hours per we devoted to pos	ek co	mpensation W-2/1099-MISC)	contributions benefit p	to employee lans, and impensation	(e) Estima other co		
NON	E										
f To	otal number (	of other employees	paid over \$100,000			<b>.</b>					
		150 5	zation's five highest	compensated indepe		ctors who each	received mo	re than			
\$^	100,000 of co	ompensation from t	he organization. If the	ere is none, enter "N	one."	<u> </u>					
	(a) Na	me and business add	lress of each independe	ent contractor		<b>(b)</b> Typ	e of service		(c) Comp	ensatio	า
NONE											
			····								
		******									
d T	otal number	of other independer	nt contractors each re	eceiving over \$100,0	000						
C	ompleted Scl	hedule A	hedule A? Note: All					<b>)</b>	X Y		No
Under pe	enalties of perj	ury, I declare that I ha plete. Declaration of p	ave examined this return reparer (other than office	n, including accompany cer) is based on all info	rmation of which	and statements, a ch preparer has a	and to the bes	t of my knowl	edge and be	elief, it is	
Sign	91/	gnature of officer					ate				
Here	3,0	CAROLINE	RAY			EXECUTIV		ECTOR			
	Ту	pe or print name and title									
	Print/Type	e preparer's name		Preparer's signature	116	1 1 10	Date	1/1 Check		IN	
Paid		W R. HANSARD	/AON	Mattlew	The second second	aid, CPK	/ ///			02735	
Prepai Use O	-1	2275	SG CAPITAL		DMPANY			Firm's EIN	20-2	<b>∠</b> 59:	3/3
USE U	Firm's ad		LAHASSEE, E		3736			Phone no. 8	350-38	5-74	144
May th	e IRS discus		e preparer shown ab						. <b>&gt;</b> X		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. Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

FLORIDA JUVENILE JUSTICE FOUNDATION, INC.

Employer identification number 59-3623272

OMB No. 1545-0047

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 12, check only one box.) 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1--10 fisted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	tion A. Public Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,351	20,011	100,970	25,837	23,616	240,785
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	70,351	20,011	100,970	25,837	23,616	240,785
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)						130,284
6	Public support. Subtract line 5 from line 4.						110,501
	tion B. Total Support				-		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	70,351	20,011	100,970	25,837	23,616	240,785
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						240,785
12	Gross receipts from related activities, etc.	(see instructions)				12	1,105
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						<b>&gt;</b>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6	, column (f) divide	d by line 11, colum	n (f))		14	45.89%
15	Public support percentage from 2015 Sch		- 4.4			اعدا	37.67%
16a	33 1/3% support test—2016. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, c	heck this	
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			<b>. X</b>
b	33 1/3% support test—2015. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore, check	
	this box and stop here. The organization	qualifies as a publi	cly supported orga	nization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ 🔲
17a	10%-facts-and-circumstances test—20°	I6. If the organizati	ion did not check a				
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test	, check this box an	d <b>stop here</b> . Expla	ain in	
	Part VI how the organization meets the "fa organization		· ·				▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.		
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	st. The organization	on qualifies as a pu		<b>&gt;</b> [
18	Private foundation. If the organization di instructions	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	e	

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedu

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

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

Sec	tion A. Public Support				•	•		
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(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							
	Add lines 7a and 7b						833888	
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support						333333 <u>.</u>	
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(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							
С	Add lines 10a and 10b							<del> </del>
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	e organization's firs	t, second, third, fo	urth, or fifth tax ve	uar as a section 501	(c)(3)		
• •	organization, check this box and stop her					` ' ' '		, ▶ □
Sec	tion C. Computation of Public S							
15	Public support percentage for 2016 (line 8	3, column (f) divide	d by line 13, colum	nn (f))			15	%
16	Public support percentage from 2015 Sch	nedule A, Part III, li	ne 15				16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2016 (			i, column (f))			17	<u>%</u>
18	Investment income percentage from 2015					<del></del>	18	<u></u> %
19a	33 1/3% support tests—2016. If the orga							▶ □
L	17 is not more than 33 1/3%, check this b	=	=	-	· · · · · · · · · · · · · · · · · · ·			🟲 🗀
b	33 1/3% support tests—2015. If the orgaline 18 is not more than 33 1/3%, check to							▶ □
20	Private foundation. If the organization di	-	<del>-</del>	•		_		. —

Schedule A (Form 990 or 990-EZ) 2016 Part IV

### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

	Yes	No
**************************************		
I		veses16000000
1		
83888388		
8		
2		
********	000000000000000000000000000000000000000	*************
	*********	*********
3a		
333333333	20-1000-000-0000-	4609000000000
3b		
		(5)50000000
3c		
********		
88888B		
4a		
70		*************
~~~~	**************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_4b		
80000000000000000000000000000000000000		
200000000000000000000000000000000000000	000000000000000000000000000000000000000	0100000000000000
4-		
0000000		**********
:::::::::::::::::::::::::::::::::::::::	***********	490000900000
5a		
***************************************		
5b		
5c		
	***********	
30		
	300000000000000000000000000000000000000	
6		l
3000000000	20000000000000	900000000000
7		
0000000000000		
	autorité de la	Professional Contract
Q		
Q		
Q		
Q		
Q		
8		
8 9a		
8 9a		
8 9a		
9a		
9a		
9a		
9a 9b		
9a 9b 9c		

1.73	ule A (Form 990 or 990-EZ) 2016 FLORIDA DOVENTILE DOSITOE	39-3023212		Page 5
Pa	rt IV Supporting Organizations (continued)	<u>.                                    </u>		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part \			
	ion B. Type I Supporting Organizations	71. [TIC]		
Jeci	ion B. Type i Supporting Organizations	<del> </del>	,, I	
		5000000	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.	1		
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.	2		
Sect	ion 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).	1		+00000000000000000000000000000000000000
Cast	ion D. All Type III Supporting Organizations			
Jeci	ion b. An Type in Supporting Organizations			
		8000000	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, (i) a written notice describing the type and amount of support provided during the prior	rtax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ie		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	?1		
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 ho	ow .		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.	3	L	
Sect	ion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
			103	
а				
	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.	2a		
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.	2b	4.0000-0000-0000	,000010000000
2	Parent of Supported Organizations. Answer (a) and (b) below.			
3				
а			1::::::::::::::::::::::::::::::::::::::	
	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 ea	ach		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 FLORIDA JUVENILE JUSTICE		59-3623	Z/Z Page 6	ò
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organizat	tions		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	n Nov. 20, 1	1970 (explain in Part VI).Se	е	
instructions. All other Type III non-functionally integrated supporting organizations	must comp	lete 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)	
Aggregate fair market value of all non-exempt-use assets (see				8
instructions for short tax year or assets held for part of year):				8
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):				8
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 Check here if the current year is the organization's first as a non-functionally integra	ited Type III	supporting organization (s	ee	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

222,000,000,000,000	le A (Form 990 or 990-EZ) 2016 FLORIDA JUVENILE	· · · · · · · · · · · · · · · · · · ·	59-3623	272 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		
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 suppo	orted 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 organiza	tion is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount			
	Elifo o difficulty distance by Elifo o difficulty	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Occupii E - Distribution Anocations (see instructions)	Excess Distributions		
1	Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 2016
	· · · · · · · · · · · · · · · · · · ·			
•	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	Exosos distributoris darrystor, it arry, to 2010.			
b				
	From 2013			
	E 0044			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
****	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
			Schedule .	A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA JUVENILE JUSTICE

## **Schedule of Contributors**

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

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

OMB No. 1545-0047

Employer identification number

2016

FOUNDATION,	INC.	59-3623272
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priv	rate 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	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See i contributions.	<u> </u>
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total contributor amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, I	orm 990 or 990-EZ), Part II, line ibutions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E. g the year, total contributions of more than \$1,000 exclusively for religional purposes, or for the prevention of cruelty to children or animals.	ious, charitable, scientific,
contributor, during contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E. In the year, contributions exclusively for religious, charitable, etc., purpled more than \$1,000. If this box is checked, enter here the total control of an exclusively religious, charitable, etc., purpose. Don't complete an oplies to this organization because it received nonexclusively religious, more during the year.	ooses, but no such ributions that were received by of the parts unless the charitable, etc., contributions
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules does must answer "No" on Part IV, line 2, of its Form 990; or check the bo 2, to certify that it doesn't meet the filing requirements of Schedule B	ox on line H of its Form 990-EZ or on its

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
FLORIDA JUVENILE JUSTICE

Employer identification number 59-3623272

Part I	Contributors (See instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA FL 33620	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLORIDA JUVENILE JUSTICE FOUNDATION. INC.

Employer identification number

59-3623272

FOUNDATION, INC.			59−3€	<u> </u>	2
FORM 990-EZ, PART I, LINE 16 - OTH	ER EXI	PENSES			
DESCRIPTION		AMOUNT			
EXPENSES					
G&A: OFFICE EXPENSES	\$	403			
PROGRAM: CONFERENCES/MEETINGS	\$	25,496			
G&A: MEETINGS	\$	50		,	
G&A: INSURANCE	\$	711			
PROGRAM: YOUTH EXPENSES	\$	26,683			
G&A: SUPPLIES	\$	144			
PROGRAM: SUPPLIES	\$	1,078	***************************************		.,,
PROGRAM: AWARDS & RECOGNI	\$	1,235			
PROGRAM: TRAINING	\$	2,086			
G&A: AWARDS & RECOGNITION	\$	1,556			
TOTA	L \$	59,442		*********	
FORM 990-EZ, PART II, LINE 24 - OT	HER A	SSETS			
DESCRIPTION		BEG	. OF YEAR	END	OF YEAR
INVENTORIES FOR SALE OR USE		\$	0	\$	575
PREPAID EXPENSES AND DEFERRED CHAR	GES	\$	0	\$	900
DEPRECIABLE ASSETS		\$	10,640	\$	10,640
LESS ACCUMULATED DEPRECIATION		\$	10,640	\$	10,640
,		TOTAL \$	0	\$	1,475
FORM 990-EZ, PART II, LINE 26 - OT	HER L	IABILITIES			
DESCRIPTION		BEG	. OF YEAR	END	OF YEAR

59-3623272

FYE: 6/30/2017

# Federal Asset Report Form 990, Page 1

11/14/2017 11:11 AM

Page 1

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

59-3623272

FYE: 6/30/2017

# AMT Asset Report Form 990, Page 1

11/14/2017 11:11 AM

Page 1

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

59-3623272

FYE: 6/30/2017

# Depreciation Adjustment Report

**All Business Activities** 

11/14/2017 11:11 AM

Page 1

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Form **990** 

# Two Year Comparison Report

2015 & 2016

Name

For calendar year 2016, or tax year beginning 07/01/16

06/30/17 , ending

Taxpayer Identification Number

	LORIDA JUVENILE JUSTICE OUNDATION, INC.				59-3623272
			2015	2016	Differences
	1. Contributions, gifts, grants	1.	200,882		-200,882
	2. Membership dues and assessments				
	3. Government contributions and grants	3.			
n e	4. Program service revenue	4.			
Ē	5. Investment income	5.			
>	6. Proceeds from tax exempt bonds	6.			
R. e	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue				
	12. Total revenue. Add lines 1 through 11	12.	200,882		-200,88
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
Ø	15. Compensation of officers, directors, trustees, etc.	15.			
S	16. Salaries, other compensation, and employee benefits				
	17. Professional fundraising fees				
α	18. Other professional fees	18.	2,741		-2,74
Ш	19. Occupancy, rent, utilities, and maintenance	19.	1,659		-1,65
	20. Depreciation and Depletion				
	21. Other expenses		92,854		-92,85
	22. Total expenses. Add lines 13 through 21	22.	97,254		-97,25
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	103,628		-103,62
	24. Total exempt revenue	24.	200,882		-200,88
	25. Total unrelated revenue	25.			
흕	26. Total excludable revenue	26.			
nat	27. Total assets	27.	158,381		-158,38
õ	28. Total liabilities	28.			
= =	29. Retained earnings	29.	158,381		-158,38
Other Information	30. Number of voting members of governing body	30.	10		
ō	31. Number of independent voting members of governing body	31.	10		
	32. Number of employees	32.	0		
	33. Number of volunteers	33.	16		

FYE: 6/30/2017

# **Federal Statements**

11/14/2017 11:11 AM Page 1

# Schedule A, Part II, Line 1(e)

Description	<u>Amount</u>
UR DONATIONS - ADMIN FEE UNRESTRICTED CONTRIBUTIONS RESTRICTED CONTRIBUTIONS	\$ 2,198 8,251 1,000
UNIVERSITY OF SOUTH FLORIDA  CASH CONTRIBUTION  FUNDRAISING INCOME	5,000
CASH CONTRIBUTION	7,167
TOTAL	\$ 23,616

59-3623272

FYE: 6/30/2017

**Federal Statements** 

11/14/2017 11:11 AM

Page 2

# Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
ANNIE E CASEY FOUNDATION	\$ 55,000	\$ 50,184
SEMINOLE COUNTY COMMISSIONERS	50,000	45,184
CRAWFORD MARKETING & CONSULTING	36,548	31,732
FLORIDA NETWORK	 8,000	 3,184
TOTAL	\$ 149,548	\$ 130,284

FYE: 6/30/2017

# **Federal Statements**

11/14/2017 11:11 AM Page 3

Schedule A, Part II, Line 12 - Current year

	Description	 Amount
FUNDRAISING INCOME	·	\$ 1,105
TOTAL		\$ 1,105

artment of the Treasury

...ernal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or FLORIDA JUVENILE JUSTICE print 59-3623272 FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 2737 CENTERVIEW DR File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See TALLAHASSEE FL 32399-3100 instructions 01 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Code Is For Is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 80 02 Form 1041-A orm 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 04 Form 5227 Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 06 Form 8870 12 Form 990-T (trust other than above) CAROLINE RAY 2737 CENTERVIEW DRIVE, RM 3216 FL 32399-3100 The books are in the care of ▶ TALLAHASSEE ...... 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)\_\_\_\_ 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. I request an automatic 6-month extension of time until 05/15/18 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year \_\_\_\_\_ or $\blacktriangleright$ $\overline{X}$ tax year beginning 07/01/16, and ending 06/30/17If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period 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 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit.

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.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2017)

0

Form 8879-EC

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

7/01 \_\_\_\_ 2016, and ending \_\_\_\_\_

OMB No. 1545-1878

Department of the Treasury

For calendar year 2016, or fiscal year beginning ...... Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. FLORIDA JUVENILE JUSTICE

Employer identification number

FOUNDATION, INC. 59-3623272

Name and title of officer

CAROLINE RAY

EXECUTIVE DIRECTOR

Part I	Type of Ret	urn and Retu	ırn Informatio	n (Whole Dolla	ars 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. <b>Do not c</b> omplete more than 1 line in Part I.		
1a Form 990 check here ▶	1b	
2a Form 990-EZ check here V X b Total revenue, if any (Form 990-EZ, line 9)	2b	23,616
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b	

### **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 2016 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

X	I authorize	THOMSON	BROCK	LUGER	&	COMPANY
				ERO firm name		

to enter my PIN

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 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 2016 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

#### 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.

59409000016

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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

Matter R. Harand, CPA

11/15/17

**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 (2016)