

Governor

RON DESANTIS

Secretary

MARK S. INCH

501 South Calhoun Street, Tallahassee, FL 32399-2500

www.dc.state.fl.us

August 14, 2020

The Honorable Ron DeSantis Governor of Florida Executive Office of Governor Ron DeSantis 400 South Monroe Street Tallahassee, Florida 32399-0001

The Honorable Bill Galvano President, Florida Senate The Capitol Room 409-Senate Office Building 404 South Monroe Street Tallahassee, Florida 32399-1100

The Honorable Jose R. Oliva Speaker, House of Representatives The Capitol Room 420-House Office Building 402 South Monroe Street Tallahassee, Florida 32399-1300

R. Philip Twogood Coordinator Office of Program Policy Analysis and Governmental Accountability 111 West Madison, Room 312 Tallahassee, Florida 32399-1475

Re: 2020 Direct-Support Organization Report

Dear Governor DeSantis, President Galvano, Speaker Oliva, and Mr. Twogood:

In accordance with Section 20.058(3), Florida Statutes, the Florida Department of Corrections (FDC) files the enclosed reports submitted to the Department by the Corrections Foundation and the Florida Foundation for Correctional Excellence. Pursuant to Section 944.802, Florida Statutes, these organizations conduct programs, activities and projects for the direct or indirect benefit of FDC or individual units of the state correctional system. These organizations'

activities are consistent with the priority issues and objectives of FDC and are in the best interest of the state.

The Corrections Foundation

The Corrections Foundation is a 501(c)(3) non-profit corporation authorized pursuant to Section 944.802, Florida Statutes. The Foundation provides support to FDC through grants, contributions, and community partnerships that promote and support public safety. Because of its unique ability to hold and accept earmarked donations for specific programs, the Corrections Foundation has been able to undertake numerous initiatives that directly benefit FDC, including:

- The Corrections Foundation's Employee Assistance Program- The Corrections Foundation supports FDC employees through direct financial assistance in times of unforeseen tragic circumstances, such as fires, critical illnesses, or accidents;
- Disaster Relief Fund- The Foundation supports FDC employees affected by natural disasters;
- FDC K-9 Support- The Foundation accepts donations and purchases supplies and equipment for K-9 officers such as vehicles, detection animals, and other equipment;
- Dog Obedience Prison Programs- Twenty-four dog training programs receive funding through the Corrections Foundation thanks to partnerships between FDC, local humane societies and animal shelters.
- Computers for Florida's Kids- The Foundation supports the Computers for Florida's Kids Program operating at Cross City Correctional Institution in its effort to refurbish and donate older computers to programs servicing children across Florida; and
- Other program support such as Toastmasters, Ford Motor Automotive Repair Program, Florida State Prison Officer Safety Project, capital improvement support and other donation and grant coordination assistance initiatives for FDC programs.

For these reasons, I recommend that FDC's association with the Corrections Foundation be continued.

The Florida Foundation for Correctional Excellence

On February 7, 2020, Governor DeSantis announced the creation of the Florida Foundation for Correctional Excellence (FFCE). The FFCE will bring together public and private partners to increase investment in rehabilitation, academic, and workforce programs with the goal of successful restoration of inmates to the community. During the next year, approximately 30,000 inmates will complete their sentences and become returning citizens. FDC alone, cannot successfully restore these returning citizens to their communities. Our community partners made up of local businesses, social services providers, faith-based and volunteer organizations, educational providers, and local governments must be active in the restoration process. FFCE

will unite public and private partners to publicize needs, seek resources and donations, and encourage philanthropic giving.

For these reasons, I recommend that FDC's association with the FFCE be continued.

Sincerely,

Mark S. Inch Secretary

The 5 dl

Enclosure(s)



CORRECTIONS FOUNDATION

Louie L. Wainwright, President Tom Rush, Vice President Dave Mecusker, Treasurer

501 South Calhoun Street • Tallahassee, FL 32399-2500 • (850) 717-3712 phone • (850) 410-4411 fax

July 14, 2020

Secretary Mark Inch Florida Department of Corrections 501 South Calhoun Street Tallahassee, FL 32399-2500

Dear Secretary Inch,

During the 2014 Legislative Session, the Legislature passed and former Governor Rick Scott signed into law CS for SB 1194 (1194), an act relating to citizen support (CSOs) and direct-support organizations (DSOs).

This law requires certain disclosures to be made from the CSOs and DSOs to the state agencies to whom the organizations serve by August 1st of each year. The state agencies, in our case, the Florida Department of Corrections (FDC) has until August 15th of each year to report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Office of Program Policy and Analysis and Government Accountability the information provided by each CSO and DSO. The report the Department of Corrections must submit must also include a recommendation by the agency, with supporting rationale, to continue, terminate, or modify the agency's association with the Corrections Foundation.

Required Disclosures

Section 20.058(1)(a), F.S. – Name, address, telephone number and website of the organization

Corrections Foundation, Inc 501 South Calhoun Street Tallahassee, FL 32399-2500

Phone number: 850-717-3712 Fax number: 850-410-4411









A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Website: https://www.correctionsfoundation.org

Section 20.058(1)(b), F.S. – Statutory authority for the organization

Section 944.802, F.S.

Section 20.058(1)(c), F.S. – A brief description of the mission of and results obtained by the organization

Mission

The mission of the Corrections Foundation, a 501(c)3 non-profit corporation authorized by State of Florida Statute, is to provide support for the programs, staff, and services of the Department of Corrections through grants, contributions, and community partnerships promoting and supporting public safety in our institutions and the communities in which we serve.

Results

Projects in Support of Department of Corrections Officers and Staff

Employee Assistance Program: The Corrections Foundation supports FDC employees by giving them direct financial assistance in times of fire, critical illness or accident, or other tragic circumstances through the Employee Assistance Program (EAP). Last year, the Corrections Foundation assisted 328 FDC officers and staff through our EAP.

Disaster Relief Fund: The Corrections Foundation has a stand-alone Disaster Relief Fund (DRF) to provide assistance to FDC officers, staff, and contractors during times of natural disasters and we stand by ready to assist this hurricane season.

Since 1999, between our EAP and Disaster Relief Programs, we've assisted over 9,640 of FDC's more than 22,390 employees - essentially 43% of FDC employees - a record for which we're proud.

Support of Department of Corrections Programs

FDC Office of Intelligence K-9 Support - The Corrections Foundation supports the Office of Intelligence K-9 teams by accepting donations and purchasing much needed supplies and equipment such as K-9 vehicles, K-9 cell phone and drug detection dogs, and equipment for the K-9 officers.

Department of Corrections K-9 Tracking Units - The Department of Corrections has 26 K-9 Tracking Units statewide. These officers and tracking K-9's are used for escapes and are also called out more than 600 times a year to support local law enforcement to locate missing children, missing elders and fugitives. The Foundation has provided GPS tracking collars and other equipment for these K-9 teams statewide.

Dog Obedience Prison Programs- Twenty-four dog training programs receive funding through the Corrections Foundation thanks to sponsors and donations that support these programs. These programs are partnerships between the Department of Corrections, local humane societies and animal shelters and donors who contribute through the Corrections Foundation.

Computers for Florida's Kids - The Computers for Florida's Kids Program operates at Cross City Correctional Institution. Inmates in this program refurbish older computers so they can be donated to organizations and programs serving children throughout the state of Florida. More than 7,000 computers have been donated to organizations since 2001. Inmates, in turn, received meaningful job training in computer diagnostics and repair to help provide them an opportunity for meaningful job placement upon release.

Other Programs - The Corrections Foundation has served as the fiduciary for many different programs within the Department of Corrections by accepting community donations and grants for past and present programs, including:

- Chaplaincy
- Culinary Arts
- Computer Education
- Education and Literacy Support
- Toastmaster Gavel Clubs
- Wellness Programs/sports equipment
- Lawtey Correctional Institution Lawn Equipment Maintenance
- Library Fund
- Ford Motors Automotive Repair Program Facilitated the Ford Program Grant that provided cars, tools, and construction of an automotive garage at Homestead CI that provided automotive repair training for female inmates.
- Farm Worker Housing Initiative US Department of Community Affairs grant-Facilitated
 grant funding for Migrant Farm Worker Housing Program where inmates at Hardee
 Correctional Institution built cabinets, tables, chairs, and other housing components that were
 provided to migrant farm workers. Inmates also learned viable carpentry and job skills that

- would help make them successful on the outside. Partnership with Collier County Housing Authority, Everglades Community Association and Catholic Charities.
- FSP Officer Safety Project Project ensured officer safety through limiting direct interaction
 with dangerous inmates. Funding was provided to install openings within cell doors so that an
 opening at one end could be opened while keeping the opposite closed so that food trays
 could be passed to an inmate without risk of an officer being grabbed or have objects lodged
 at officers.
- Reading Family Ties
- Literacy
- Ounce of Prevention Father program
- Transition Program Hillsborough CI
- Re-entry Program and Wellness Program Support
- Hardee CI Seminary
- Sumter CI Chapel Roof Repair, Chapel Books and Supplies
- Troop Project Flags for Freedom Since 2001 more than 400 Department of Corrections
 employees have served in our nation's military. The employees of the Department of
 Corrections have supported them through their deployment through the Flags for Freedom
 Project. We provided gift packages and phone cards to soldiers and their families.

Donations Received through the Corrections Foundation for Capital Improvements

- Lawtey Correctional Institution AC installation
- Indian River CI Visiting Park Pavilion
- Homestead CI Ford Motors Automotive Program

Section 20.058(1)(d), F.S. - Brief description of our three-year plan

The Corrections Foundation will continue to focus on our core programs – the Employee Assistance Program to support FDC officers and staff, support of FDC programs through donations received, support of the various K9 support and dog obedience training programs, and the Computers for Florida's Kids Program. In addition, we will continue to assist with special requests by the Department of Corrections.

Section 20.058(1)(e), F.S.- Code of Ethics

Our Code of Ethics is attached.

In addition, the Corrections Foundation has previously adopted various disclosures and ethical documents we feel go above and beyond what is required in 2014-096, Laws of Florida.

These documents include:

- Board Conflict of Interest Policy
- Employee Conflict of Interest Policy
- Public Record Inspection Policy
- Whistleblower Protection Policy
- Anti-Harassment Policy
- Equal Opportunity Policy

All of these documents including the Code of Ethics are publicly available on our website at http://www.correctionsfoundation.org/about/forms-and-publications. On this same page are copies of all our by-laws, articles of incorporation, past audits, and other documents to provide a firm level of transparency.

Section 20.058(1)(f), F.S.- most recent IRS Return of Organization Exempt from Income Tax Form (Form 990)

Our most recent Form 990 is attached. This Form 990 is for the fiscal year ending on June 30, 2019.

Our required annual audit will again be conducted by James Moore and Co, CPA (James Moore) the week of July 27, 2020, for the fiscal year ending on June 30, 2020.

However, as in years past, we do not anticipate a completed 990 until September 2020 at the earliest. Once we have the final version of this Form 990 we will provide it to you and will also post it on our website.

In addition, all past Form 990s dating back to 2004 and audits dating back to 2007 are placed on our website for public inspection at http://www.correctionsfoundation.org/about/forms-and-publications.

Section 20.058(2), F.S. - requires the Department of Corrections to make the information and attachments included in this letter available to the public on the Department of Corrections' website.

This section also requires the Department of Corrections to provide a link to the Corrections Foundation's website, which is already on FDC's webpage.

If you have any questions or need further information, please feel free to ask. We will certainly provide any and all requested information.

Sincerely,

Chris Akins

Executive Director

Attachments: Code of Ethics

2018 990 for the fiscal year ending on June 30, 2019

CC: Office of Legislative Affairs

Office of the General Counsel

Corrections Foundation Code of Ethics

- I. I will never forget that I am serving as a volunteer or employee of the Corrections Foundation and, in some cases, a public official. In both instances, I must uphold the Constitutions of the United States and the State of Florida.
- II. I am a professional committed to the public safety and the support of the Florida Department of Corrections programs, officers and employees.
- III. As a professional, I am skilled in the performance of my duties and governed by a code of ethics that demands integrity in word and deed, fidelity to the lawful orders of those appointed over me, and, above all, allegiance to my oath of office and the laws that govern our nation.
- IV. I will seek neither personal favor nor advantage in the performance of my duties. I will treat all with whom I come in contact with civility and respect. I will lead by example and conduct myself in a disciplined manner at all times.
- V. I am proud to selflessly serve my fellow citizens and Florida Department of Corrections officers and co-workers as an employee or board member of the Corrections Foundation.

Corrections Foundation 501 S. Calhoun Street Tallahassee, FL 32399

Phone: 850-717-3712 Fax: 850-410-4411

Email: info@correctionsfoundation.org
Website: www.correctionsfoundation.org

I have read the above and concur with the code of ethics and will abide by its contents.

Signature:						
Date:						

EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A	For th	e 2018 calendar year, or tax year beginning	JUL 1, 2018 and	ending 0	UN 30, 2019						
В	Check if applicable: C Name of organization D Employer identification number										
	Addr	CORRECTIONS FOUNDATION	, INC.			440415					
H	chan Initia		P d. to t address	.		3440417					
	Final Final return termi	501 SOUTH CALHOUN STRE	Room/suite	E Telephone number 850 -	410-4305						
	ated	City or town, state or province, country, and			G Gross receipts \$	1,354,256.					
L	Amended return TALLAHASSEE, FL 32399 H(a) Is this a group return										
	Application F Name and address of principal officer: LOUIE L. WAINWRIGHT for subordinates? Yes X No										
_	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
	1 Tax-exempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)										
<u>J</u>	Webs	te: > www.correctionsfoundat	ION.ORG		H(c) Group exemption	on number 🕨					
			ssociation Other	L Year	of formation: 1996	M State of legal domicite: FL					
Pi	art I										
90	1	Briefly describe the organization's mission or mos	t significant activities: SEE	SCHEDU	LE O						
Activities & Governance	2	Check this box if the organization disco	ontinued its operations or dispos	and of more	than 25% of its not as	noin					
100	3	Number of voting members of the governing body				12					
Ġ	4	Number of independent voting members of the go				12					
-8	5	Total number of individuals employed in calendar:	verning body (Part VI, line 10)	* > * * * * * * * * * * * * * * * * * *	5	3					
ties	6	Total number of individuals employed in calendar	year 2016 (Fart V, line 2a)	*************	6	50					
the state of	7.	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co	home (O) line 40								
Ac	l la										
_	D	Net unrelated business taxable income from Form	990-1, line 38		Prior Year						
		Contributions and secrets (Cont.) (III line 1h)			969,075.	Current Year 1,303,005.					
g	8	Contributions and grants (Part VIII, line 1h)			0.	1,303,003.					
Revenue	9	Program service revenue (Part VIII, line 2g)		11,299.							
Re	10	Investment income (Part VIII, column (A), lines 3, 4			3,757.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			984,131.	1,337,806.					
-	12	Total revenue - add lines 8 through 11 (must equal		0.	1,337,800.						
	13	Grants and similar amounts paid (Part IX, column (750,783.								
	14	Benefits paid to or for members (Part IX, column (133,058.						
Expenses	15	Salaries, other compensation, employee benefits (0.	0.					
en	168	Professional fundraising fees (Part IX, column (A), I		70	0.	<u> </u>					
쫎		Total fundraising expenses (Part IX, column (D), lin			89,655.	83,930.					
1004	1.11	Other expenses (Part IX, column (A), lines 11a-11d			973,496.	1,200,959.					
	18	Total expenses. Add lines 13-17 (must equal Part I			10,635.	136,847.					
	19	Revenue less expenses, Subtract line 18 from line	12 .,								
ts o		Total counts (Bort V. line 16)			ginning of Current Year 945,301.	End of Year 1,106,558.					
t Assets or	20	Total linkillation (Doub V. line CC)			6,197.	30,607.					
let A	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 20		939,104.	1,075,951.					
Fig.	art II	Signature Block	IBIE 20	,,	222,104,	110131331+					
	A 20 120	Ilties of perjury, I declare that I have examined this return,	including accompanying schadules	and clateme	nte and to the heet of mi	knowledge and helief it is					
		et, and complete. Declaration of preparer (other than office				r knowledge and behal, it is					
u us,	COITE	100	ci / is based on an information of wit	iisii preparei	nas any knowledge.						
ėi	_	Signature of officer	_		Date						
WINDLE OF THE PRESTABLE											
Here THOMAS RUSH, VICE PRESIDENT Type or print name and title											
		Print/Type preparer's name	Preparer's signature		ate Gheck C	PTIN					
Paid	1	NADIA BATEY	NADIA BATEY		1/12/19 self-employ						
Prep	arer	Firm's name JAMES MOORE & CO			Firm's EIN 🕨	59-3204548					
Use	Only	Firm's address 2477 TIM GAMBLE			Dk 0 E	0-386-6184					
	. Als - 41	TALLAHASSEE, FL			[PROBE NO. 0 3						
		RS discuss this return with the preparer shown about 1-18 LHA For Paperwork Reduction Act Notice				Yes No Form 990 (2018)					
8320	01 12-3	1-18 LIPA FOR Paper WORK REGUCTION ACT NOTIC	e, oce the separate msiruction	119		101111 444 (5010)					

	n 990 (2018) CORRECTIONS FOUNDATION, INC.	59-3440417	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE MISSION OF THE CORRECTIONS FOUNDATION IS TO SUPPORT	MILE DROGDAMG	
	DEDGOMENT AND GENERAL OF THE CORRECTIONS FUNDATION IS TO SUPPORT	THE PROGRAMS	
	PERSONNEL, AND SERVICES OF THE DEPARTMENT OF CORRECTIONS	THROUGH	
	GRANTS, CONTRIBUTIONS, AND COMMUNITY PARTNERSHIPS IN THE	INTEREST OF	
	PUBLIC SAFETY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_		□ vaa	X No
	•	Tes	[X] NO
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		nd
	revenue, if any, for each program service reported.	rej in o total expenses, as	
-			
4a	(Code:) (Expenses \$ 978,899 including grants of \$) (Rever)
	PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO D.C. EMPLOYEES		
	SUCH AS CRITICAL HEALTH, DEATH, ACCIDENT, FIRE, NATURAL	DISASTERS, ET	rc.
4b	(Code:) (Expenses \$)
	SUPPORT THE PROGRAMS OF THE STATE OF FLORIDA DEPARTMENT		IS,
	INCLUDING DOG OBEDIENCE TRAINING PROGRAMS, WELLNESS, CHA	PLAINCY,	
	DISASTER RELIEF, TROOP ASSISTANCE, K-9 DRUG INTERDICTION		
	TRACKING UNITS, MEMBERSHIP RECRUITMENT AND RECOGNITION.		
	THE CONTROL OF THE PROPERTY OF		
4c	(Code:) (Expenses \$	ue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,135,880.		
-10	LAND BLANCH ANTIBA AURALINAS E1-3-1-3-1		

Form 990 (2018)

Form 990 (2018) CORRECTIONS FOUNDATION, INC.
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		17
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete	-		
8		8		х
9	Schedule D, Part III	-		
Ð	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		<u> </u>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
•	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII	11c	1	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	119		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\rightarrow	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			**
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	477		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		_
19		19	- 1	X
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	\neg	_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
32002	12-31-18		990 (2	
~ ~~~	the extraction			

Form 990 (2018)

Forr	n 990 (2018) CORRECTIONS FOUNDATION, INC. 59-344	0417	7 F	age
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? # "Yes," complete Schedule R, Part VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1 1		
Dat	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
		\vdash	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			-8.30
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	- 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		_	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	\perp	<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	\rightarrow	<u>x</u>
	If "Yes," complete Form 4720, Schedule O.	\perp	200	
		Form	990 (2018)

Form 990 (2018) CORRECTIONS FOUNDATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI		*****	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a12			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule D.			
b	Enter the number of voting members included in line 1a, above, who are independent1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following;			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? # "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- 1	
	exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	vailabl	e
	for public inspection. Indicate how you made these available. Check all that apply.	192		
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and to	inancia	al .	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHERI LOGUE - (850) 717-3714			
	501 S. CALHOUN STREET, TALLAHASSEE, FL 32399			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	cor	nper	isat	ed any current officer, d	irector, or trustee.	
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(de	not c	heck	more	than	ene	Reportable	Reportable	Estimated
	hours per		box, unless person is both officer and a director/trust					compensation	compensation	amount of
	week		T	I	14 0010	7/ 0 tia	100,	from	from related	other
	(list any	물				1		the	organizations	compensation
	hours for related	9	22			픭		organization	(W-2/1099-MISC)	from the
	organizations	- B	E E		8	불		(W-2/1099-MISC)		organization and related
	below	- E	jour		l gg	2 8				organizations
	line)	individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRIAN RIEDL	2.00							200	***	A5743
DIRECTOR		X			Ш			0.	0.	0.
(2) BRIAN WYNNS	2.00									
DIRECTOR		X	L					0.	0.	0.
(3) DAVE MECUSKER	2.00							_	_	
TREASURER		X	_	X	_	_	_	0.	0.	0.
(4) ERICH HUMMEL	2.00									
DIRECTOR		X				_		0.	0.	0.
(5) JAMES WILLIAMS	2.00									
MEMBERSHIP & FINANCE CHAIR		Х		X				0.	0.	0.
(6) JUSTINE PATTERSON	2.00									
DIRECTOR		X	_	_	_			0.	0.	0.
(7) LISA MILLER	2.00	ļ								
DIRECTOR	0.00	X	_			_		0.	0.	0.
(8) LOUIE WAINWRIGHT	2.00									
PRESIDENT	0.00	X		X			_	0.	0.	0.
(9) MARK REDD	2.00								^	
DIRECTOR	2.00	X		_			_	0.	0.	0.
(10) TOM RUSH	2.00	x		x				0.	0.	0.
VICE-PRESIDENT	2.00	A		Δ	H	Н	_	U.	0.	U.
(11) JENNY NIMER DIRECTOR	2.00	x						0.	0.	0.
(12) THOMAS REID	2.00	1								
DIRECTOR		x						0.	0.	0.
(13) CHRIS AKINS	20.00			1						
EXECUTIVE DIRECTOR		1		x				34,018.	0.	900.
(14) SHERI G. LOGUE	40.00							1		
ADMINISTRATIVE DIR./BOARD SECRETARY		1_		X				61,592.	0.	1,848.
		-								
	1	_					. =			- 000

Sub-total		TEVII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n An	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
1b Sub-total		ā	hours for related organizations below	5	Institutional trustee	Officer	Key employee	Highest compensated employee	Formar	22200200			org an	rom th paniza d rela	ne tion ted
c Total from continuation sheets to Part VII, Section A 95,610. 0. 0. 2,748. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person for any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person for the organization? If "Yes," complete Schedule J for such person for the organization? If "Yes," complete Schedule J for such person for the organization or individual for services for the organization? If "Yes," complete Schedule J for such person for the organization or individual for services for the organization. If the organization is tax year. A Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Seport compensation for the calendar year ending with or within the organization or services. B CO Compensation Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in the organization or the organization or individual for services for the calendar year ending with or within the organization or individual for services for the organization or individual for services for the organization or individual for services for the organization or individua	_														
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c Total from continuation sheets to Part VII, Section A 95,610. 0. 0. 2,748. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person for any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person for the organization? If "Yes," complete Schedule J for such person for the organization? If "Yes," complete Schedule J for such person for the organization or individual for services for the organization? If "Yes," complete Schedule J for such person for the organization or individual for services for the organization. If the organization is tax year. A Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Seport compensation for the calendar year ending with or within the organization or services. B CO Compensation Compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization in the organization or the organization or individual for services for the calendar year ending with or within the organization or individual for services for the organization or individual for services for the organization or individual for services for the organization or individua	-													-	
d Total (add lines 1b and 1c)	1b	Sub-total							>					2,7	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No														2,7	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // *Yes, *complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // *Yes, *complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // *Yes, *complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.		Total number of individuals (including but ne							o re	ceived more than \$100,0	000 of reportable				n
tine 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes" complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.												ī		Yes	_
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3							-					3		х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // *Yes * complete Schedule J for such person	4										_		4		x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation) Name and business address NONE Description of services Compensation Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	any	unre	late	d organization or individ	ual for services		_		x
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Sec	tion B. Independent Contractors													
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	1											ensat	ion fro	om.	
\$100,000 of compensation from the organization			address	NC	NE	1					ervices	C			n
\$100,000 of compensation from the organization						(*)									
\$100,000 of compensation from the organization									1						
\$100,000 of compensation from the organization									1						
\$100,000 of compensation from the organization									+						
\$100,000 of compensation from the organization	_								+						
\$100,000 of compensation from the organization	2	Total number of independent contractors fir	ncluding but no	at lin	nited	to t	hos	e list	ed	above) who received mo	re than	_	_	_	_
		the property of the control of the c					-						Form !	990 n	2018)

Form 990 (2018) CORRECT
Part VIII Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
22 10	1 a	Federated campaigns	1a					
E I	Ŀ	Membership dues		,221,413.				
2 5		Fundraising events			1			
III A		d Related organizations			1			
0 8		Government grants (contribut			1			
Siz	f	All other contributions, gifts, gran			1 1			1
Ë		similar amounts not included abo		81,592.				
Бö		Noncash contributions included in lines		02,002				
Contributions, Gifts, Grants and Other Similar Amounts	, S	Total. Add lines 1a-1f			303.005.			
0 0		Total Add lines 18 11		Business Code				
, l	2 a							
5	b							t
E A	C							-
E A	d							
Ba	u							
Program Service Revenue	4	All other program service reve	210					
- 1		Total, Add lines 2a-2f						
\neg	3	Investment income (including						
- 1	3	other similar amounts)			12,352.			12,352.
- 1	4	Income from investment of tax	covernt hand i	proceeds	12,332			12,334.
	5	Royalties		100				
	5	noyalties	(i) Real	(ii) Personal				
	6 a	Gross rents		(II) I ersorial				
	b							
		Rental income or (loss)						
	4	Net rental income or (loss)		_				
		Gross amount from sales of	(i) Securities	(ii) Other				
- 1	, 4	assets other than inventory	(i) Securities	(ii) Other				
- 1	h	Less: cost or other basis			E .			
- 1		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		-				
		Gross income from fundraising						
Other Revenue		including \$						
<u>ş</u>		contributions reported on line						
œ		Part IV, line 18		28.133.				
<u> </u>	b	Less: direct expenses		9,010.				
δ		Net income or (loss) from fund		>	19,123.			19,123.
		Gross income from gaming ac						
		Part IV, line 19			1			
	b	Less: direct expenses						
- 1		Net income or (loss) from game		>				
		Gross sales of inventory, less						
		and allowances		10,766.				
	b	Less: cost of goods sold		7,440.				
		Net income or (loss) from sales			3,326.	3,326.		
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶	1,337,806.	3,326.	0.	31,475.

Form 990 (2018) CORRECTIONS FOUNDATION, INC.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respon		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	000 000	070 000		
4	Benefits paid to or for members	978,899.	978,899.		
5	Compensation of current officers, directors,	00 446	E4 4E0	25 440	0.045
	trustees, and key employees	98,446.	51,452.	37,149.	9,845.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	00 206	20 200		
7	Other salaries and wages	29,396.	29,396.		
8	Pension plan accruals and contributions (include	546			
	section 401(k) and 403(b) employer contributions)	718.	718.		
9	Other employee benefits	0.550	C 070	0.765	maa
10	Payroll taxes	9,570.	6,072.	2,765.	733.
11	Fees for services (non-employees):				
a	Management				
b	•	2 525		0.625	
C	Accounting	8,637.		8,637.	
d					
0	Professional fundraising services. See Part IV, line 17				-
f	Investment management fees				
g	The state of the s			1	
	column (A) amount, list line 11g expenses on Sch O.)	440	110		
12	Advertising and promotion	110.	110.	2.000	
13	Office expenses	3,062.		3,062.	
14	Information technology				
15	Royalties				
16	Occupancy	769.	769.		
17	Travel	/03.	/09.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,697.		1,697.	
23	Insurance	1,037.		1,057.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAMS	68,464.	68,464.		
b	MISCELLANEOUS	1,191.		1,191.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,200,959.	1,135,880.	54,501.	10,578.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 940,723. 1,099,036. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 4.578. 7,522. 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less; accumulated depreciation ______10b 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 1,106,558. 945,301. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 30,607. Accounts payable and accrued expenses 6,197. 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ______ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 6,197. 30,607. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Balances 884,499. 1,005,788. Unrestricted net assets 27 54,605. 70,163. Temporarily restricted net assets 28 29 Permanently restricted net assets Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 939,104. 1,075,951. Total net assets or fund balances 33 33 1,106,558. 945,301. Total liabilities and net assets/fund balances 34 Form 990 (2018)

Form 990 (2018)

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,

Go to www.irs.gov/Form990 for instructions and the latest Information.

OMB No. 1545-0047

Open to Public Inspection

LINE	Name of the organization Employer identification number								
CORRECTIONS FOUNDATION, INC.	59-3440417								
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.	07 0110427								
The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)									
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).	Entartha beautaile acces								
city, and state:	criter the nospital's name,								
3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	scribed 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).									
An organization that normally receives a substantial part of its support from a governmental unit or from the gen	eral public described in								
section 170(b)(1)(A)(vi). (Complete Part II.)									
A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.)									
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-g	-								
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the co	ollege or								
university:									
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fee									
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its supp	port from gross investment								
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organizal	tion after June 30, 1975.								
See section 509(a)(2). (Complete Part III.)									
11 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.	2 4								
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically	y by giving								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
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	v having								
control or management of the supporting organization vested in the same persons that control or manage the									
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.	grated 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	nanization/s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an att									
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	a III								
functionally integrated, or Type III non-functionally integrated supporting organization.									
Provide the following information about the supported organization(s).									
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (iv) Amount of monet.	ary (vi) Amount of other								
organization (described on lines 1-10 above (see instructions) Yes No	ons) support (see instructions)								
ROUTO (DOS BIOLILICIO) IS									
	-								
	1								

Total

Schedule A (Form 990 or 990-EZ) 2018 CORRECTIONS FOUNDATION, INC. 59-3440417 Page 2

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

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

Se	ction A. Public Support							
Cate	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	746,888.	683,635.	710,604.	969,075.	1303005.	4413207.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to		1000 000 1000 1000		PROBLEMS WAS NOT WORK		402 372 km20 - Wassello 271879	
	the organization without charge	48,711.	21,015.				132,771.	
4	Total. Add lines 1 through 3	795,599.	704,650.	731,619.	990,090.	1324020.	4545978.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included	1						
	on line 1 that exceeds 2% of the							
	amount shown on line 11,	J		1				
	column (f)							
	Public support. Subtract line 5 from line 4.						4545978.	
	ction B. Total Support	71	-					
	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	795,599.	704,650.	731,619.	990,090.	1324020.	4545978.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	0.350	40.040	44 054	44 000	10 250	E 4 0 7 0	
	and income from similar sources	8,368.	10,949.	11,051.	11,299.	12,352.	54,019.	
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.)						4500007	
	Total support, Add lines 7 through 10						4599997.	
	Gross receipts from related activities,	200				12	138,819.	
13	First five years. If the Form 990 is for						- —	
Sec	organization, check this box and stop	c Support Per	centage					
-	Public support percentage for 2018 (li			dumo (fil)		14	98.83 %	
	Public support percentage from 2017						98.86 %	
	33 1/3% support test - 2018. If the o							
104								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. 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							
172	7a 10% -facts-and-circumstances test - 2018. 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							
b	10% -facts-and-circumstances test							
_	more, and if the organization meets th							
	organization meets the "facts-and-circ						>	
18	Private foundation. If the organization						▶□	

Schedule A (Form 990 or 990-EZ) 2018 CORRECTIONS FOUNDATION, INC. Part III 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.)

Calantiary year (or fiscally sear septiated (s) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membership fees received. (Do not include any "unusual grants.") C Gross receipls from admissions, membrandise and/or services pervay activity that is raited to the organization's tax-exempt purpose any activity that is raited to the organization's tax-exempt purpose and or services pervay activity that is raited to the organization's benefit and either paid to or expended on its behalf or exemption of the pervasion of the pervasi	Se	ction A. Public Support	relow, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feas received, (Do not include any "unusual grants.") 2 Gross receipts from admissions, contributions and admissions and admissions and admissions are contributed and admissions and admissions and admissions and admissions and admissions are contributed that are not an unrelated trade or bus increase under section 513 3 Gross receipts from activities that are not an unrelated trade or bus increase under section 513 4 Tax revenues levied for the organization's traveaum properties and admissions benefit and either poil 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 6 Total. Add lines 1 throu	_		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
include any "unusual grants.") 2 Gross respirate from edinisations, morchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travexempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 1 Tax revenues isvided for the organization's benefit and either paid to or expanded on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expanded on its behalf 6 Total, Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included on lines 1, 2, and 3 received from disqualified persons be amounts included and lines 1, 2, and 3 received from disqualified persons be amounts from line 9 8 Public support. Secrets 7 triangle 1, and 2, and 1, an				1	10,000	(4) 40 11	10/2010	10 Total
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this is in the time a country of the tribulation of the country of								
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 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

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 designate					
	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")? # "Yes," and if you checked 12a or 12b 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 IAS 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 (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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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 or 990-EZ).
- 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 9a) 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 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.
 - 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.)

_	Yes	No
1		
2		
3a	\vdash	
At.		
3b		
3c		
4a		
4b	Н	
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5a		
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7		_
8		
9a		-
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)		1	_
44	Has the organization econoted a gift or apptiblytion from any of the fallowing access?		Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
a	below, the governing body of a supported organization?			1
	A family member of a person described in (a) above?	11a	-	+
		11b	-	⊢
Sec	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. tion B. Type I Supporting Organizations	11c		_
			Yes	N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		168	1.0
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	The state of the s			
	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	1		
^	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			\vdash
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,			
ec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
-	and of type it employment of garing and and		Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	10
•	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		
ec	tion D. All Type III Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	N
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 tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 how			
	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 prognizations played in this regard.	3		
ec	tion 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 instructi	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	N
а	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.	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	···			
	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? <i>Provide details in Part VI</i> .	3a		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			59-3440417 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Dest VIII Con Instructions A
1	other Type ItI non-functionally integrated supporting organizations must c			Part VI.) See instructions. A
Seci	tion 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		
Sect	ion 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):			
а	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		
е	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		
Sect	ion 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-functiona	lly integrated	Type III supporting orga	anization (see
	instructions).	79790		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-E	Z) 2018 COE	RECTION	S FO	UNDAT	ION,	INC.			59-34	40417	Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	w, wire w; wire	n. Provide the 3c, 4b, 4c, 5a, and 3; Part IV, Part V, Section	explana 6, 9a, 9l Section E, lines	ations requ b, 9c, 11a, E, lines 1c 2, 5, and	uired by , 11b, a c, 2a, 2b 6. Also	Part II, line nd 11c; Pa o, 3a, and 3 complete t	e 10; Part art IV, Sec 3b; Part V this part fo	II, line 17a o tion B, lines , line 1; Part or any additio	r 17b; Part III, 1 and 2; Part I V. Section B.	line 12; V, Section ine 1e: Pa	C, rt V,
	(See instructions.)							8 10 100 101				
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-												

Schedule B

(Form 990, 990-EZ, or 990-PF) Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

CORRECTIONS FOUNDATION, INC. 59-3440417 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

CORRE	CTIONS FOUNDATION, INC.	5	9-3440417
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANIMAL WELFARE FOUNDATION 5565 PURSLANE PLACE THE VILLAGES, FL 32163-0183	s60,000.	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
		s	Person Payroll Complete Part If 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroti Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroti Noncash (Complete Part il for noncash contributions.)

Employer identification number

CORRECTIONS FOUNDATION, INC.

59-3440417

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	-
(a) No. from Part !	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$:
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		s	

Schedule B	(Form 990.	990-EZ.	or 990-PF)	(2018)

Page 4

Name of or	rganization				Employer identification number			
CORREC	CTIONS FOUNDATION, INC.				59-3440417			
Part III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (completing Part III, enter the total of exclusively religious.	tions to organizations desc a) through (e) and the follow charitable, etc., contributions of	vina line entry. For a	organizations	at total more than \$1,000 for the year			
(a) No.	Use duplicate copies of Part III if additiona	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
	8							
	3							
		(e) Trans	fer of gift					
-	Transferee's name, address, a	and ZIP + 4	R	elationship of tran	sferor to transferee			
(a) No.		T	L					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
	3	-						
	-							
F	(e) Transfer of gift							
H	Transferee's name, address, a	elationship of tran	sferor to transferee					
	N-		-					
(a) No.		1						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
				-				
	·	D:						
F	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4			elationship of tran	sferor to transferee			
1		3(:					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desci	iption of how gift is held			
Talti								
		3						
		у -						
H	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZiP + 4	Re	elationship of tran	sferor to transferee			
			-		-			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Name of the organization

Employer identification number

-	CORRECTIONS FOUNDATION, INC.	59-3440417
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ad	counts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confern	
	impermissible private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	nservation easement on the last
	day of the tax year,	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
-	listed in the National Register	20
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sements during the year
-	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
_	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	
	conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	
	the text of the footnote to its financial statements that describes these items.	,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public services.	
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	Section Committee
а	Revenue included on Form 990, Part VIII, line 1	> \$
h	Assets included in Form 990. Part X	S

		IONS FOUND					59-34	4041	7 F	age 2
Pa	rt III Organizations Maintaining C							the monach		
3	Using the organization's acquisition, access	ion, and other record	ls, check any of	the following tha	at are a sig	nificant u	se of its o	collection	item	S
	(check all that apply):									
a	Public exhibition	•		r exchange prog	rams					
b	Scholarly research	•	Other_							
¢	Preservation for future generations									
4	Provide a description of the organization's c						se in Part	XIII.		
5	During the year, did the organization solicit						_	_		_
	to be sold to raise funds rather than to be m	aintained as part of t	he organization	's collection? .				Yes		No
Ра	rt IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on I	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa		12 S 10	To:						
1a	Is the organization an agent, trustee, custod						_		_	_
	on Form 990, Part X?			·····			L	Yes	Ь	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
C	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year					1				
f	Ending balance					1f		7	_	_
	Did the organization include an amount on F					/?		Yes	느	_ No
	If "Yes," explain the arrangement in Part XIII.									
rai	t V Endowment Funds. Complete		1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		(a) Current year	(b) Prior yea	r (c) Two yea	ars back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses			_						
d	Grants or scholarships				-					
e	Other expenditures for facilities			- 1						
	and programs			_						
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, colum	ın (a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment									
C	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are he	ld and administe	red for the	organizat	lion	Г		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	_	_
	(ii) related organizations	***************************************						3a(ii)		-
	If "Yes" on line 3a(ii), are the related organiza			R?		***********		3b	_	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lunas,							
1 GI	Complete if the organization answered		Dort IV line 11	a Saa Farm OOC	Don't V lie	. 10				
								(a) Deel		
	Description of property	(a) Cost or o		Cost or other asis (other)		cumulated eciation	,	(d) Book	valu	e
4-	land	NULL APPARET STREET, NO.	iy De	and founds)	achi	-vikildii				
	Land							_		
	Buildings						_			
	Leasehold improvements									
	Equipment						_			
Takal	Other			- 40-1						0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2018 CORRECTIONS FOUNDATION, INC. Part XIII Supplemental Information (continued)	59-3440417 Page 5
COST OF GOOD SOLD REPORTED ON 990 PART VIII	-7,440.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-16,553.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII	9,010.
SALES TAX EXPENSE REPORTED WITH SALES OF MERCHANDISE ON 990	
PART VIII	103.
COST OF GOOD SOLD REPORTED ON 990 PART VIII	7,440.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,553.
·	
	=======================================
	-
	*

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Open to Public

Internal Revenue Service							
Name of the organization	TOM BOTTON T						entification number
CORRECTIONS FOUNDATION, INC. 59-3440417 Part Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV, line 17. Form 990-F7 filers are not							
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais		_					
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
d In-person solicitations							
2 a Did the organization have a written	or oral agreement with any individual	(includ	ling of	fficers, directors, trust	tees,	or	
VIOLET NO LIGHT STOCKED STOCKE	Part VII) or entity in connection with pa			CONTROL ACTIVITIES OF CAMPACITATION OF THE PROPERTY OF THE CONTROL		Yes	
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the		ant to	agree	ments under which th	ne fun	draiser is to be	8
- Compensated at least \$5,000 by the	Torganization.	1					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-		
			-				
No.							
					-		
Total	n is registered or licensed to policit o	ontribu	rtione	or has been setified i	it ie as	rompt from ro	nietration
or licensing.	in is registered of licerised to solicit c	OHUIDU	ations	Of fias been flothed (11 13 07	rembt nom te	gistration
			-				

59-3440417	Page 2
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	nedu art	ule G (Form 990 or 990-EZ) 2018 CORREC! Fundraising Events. Complete if t	PIONS FOUNDAT	ION, INC.	59-	-3440417 Page 2
	J41 4	of fundraising event contributions and g	ross income on Form 990	EZ. lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
		, ,	(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	28,133.			28,133
	2	Less: Contributions				
_	1	Gross income (line 1 minus line 2)	28,133.			28,133.
	4	Cash prizes				
	5	Noncash prizes	414.			414.
penses	6	Rent/facility costs	4,392.			4,392.
Direct Expenses	7	Food and beverages	210.			210.
Ö	8	Entertainment				
	9	Other direct expenses				3,994.
		Direct expense summary. Add lines 4 through			>	9,010.
Pa	11	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		000 Det IV See 10 av	<u></u>	19,123.
		out in garage complete in the organization				
		\$15,000 on Form 990-FZ, line 6a.	answered les difform	550, 1 art IV, illie 15, 01 I	eported more than	
venue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	1	(b) Pull tabs/instant	-	
_	1 2		1	(b) Pull tabs/instant	-	
_	<u> </u>	Gross revenue	1	(b) Pull tabs/instant	-	
Direct Expenses Revenue	2	Gross revenue Cash prizes	1	(b) Pull tabs/instant	-	
_	2	Gross revenue Cash prizes Noncash prizes	1	(b) Pull tabs/instant	-	
_	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	1	(b) Pull tabs/instant	-	
_	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant blngo/progressive bingo Yes%	(c) Other gaming Yes%	
_	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo Yes % No 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo Yes% No 15 in column (d) from line 1, column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	
Direct Expenses	2 3 4 5 6 7 8 Enti	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net garning income summary. Subtract line 7	(a) Bingo Yes % No 15 in column (d) from line 1, column (d) cts gaming activities:ctivities in each of these s	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	col. (a) through col. (c)
Birect Expenses	2 3 4 5 6 7 8 Enti	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	(a) Bingo Yes % No 15 in column (d) from line 1, column (d) cts gaming activities:ctivities in each of these s	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	col. (a) through col. (c)

b If "Yes," explain: __

Schedule G (Form 990 or 990-EZ) 2018 CORRECTIONS FOUNDATION, INC.	59-3440417 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity former	d
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	EL 18
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re-	cords:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Name >	
Gaming manager compensation > \$	
Gaming manager compensation	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions,	

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	CORRECTIONS	FOUNDATION,	INC.	59-3440417	Page 4
Part IV	Supplemental Infor	mation (continued)				
-						
,						
-						
-						

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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CORRECTIONS FOUNDATION, INC.	59-3440417			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:			
TO SUPPORT THE PROGRAMS, PERSONNEL, AND SERVICES OF THE DE	PARTMENT OF			
CORRECTIONS THROUGH GRANTS, CONTRIBUTIONS, AND COMMUNITY PA	ARTNERSHIPS			
IN THE INTEREST OF PUBLIC SAFETY.				
FORM 990, PART VI, SECTION B, LINE 11B:				
THE ENTIRE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO FIL:				
PROVIDED VIA EMAIL FOR ANY QUESTIONS AND CHANGES.				
FORM 990, PART VI, SECTION B, LINE 12C:				
BOARD MEMBERS ARE REMINDED ABOUT THE CONFLICT OF INTEREST I	POLICY AND ARE			
ASKED TO INFORM THE BOARD PRIOR TO ANY VOTE.				
FORM 990, PART VI, SECTION B, LINE 15:				
THE BOARD OF DIRECTORS CONSIDERS THE COMPENSATION FOR ALL I	POSITIONS AS			
COMPARED WITH SALARY SURVEYS AND THEN SETS COMPENSATION BAS	SED ON			
AVAILABILITY OF FUNDS AND MERIT OF WORK.				
FORM 990, PART VI, SECTION C, LINE 19:				
WE PROVIDE THE LETTER FROM THE IRS STATING THAT WE ARE A 50	1(C)(3) AND WILL			
PROVIDE THE 1023 UPON REQUEST. DOCUMENTS ARE AVAILABLE ON C	OUR WEBSITE AND			
BY MAIL WHEN REQUESTED.				

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT

ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)				Page
Name of the organization CORRECTIONS FOU	UNDATION,	INC.	Emp	loyer identification number $59-3440417$
				and the second second
				_
7				

			ALIE 2	

Florida Foundation for Correctional Excellence, Inc. 501 South Calhoun Street Tallahassee, FL 32399 (850) 717-3050

August 14, 2020

Secretary Mark S. Inch Florida Department of Corrections 501 South Calhoun Street Tallahassee, FL 32399-2500

Dear Secretary Inch,

Reducing recidivism, expanding career readiness training and re-entry programs are vital components of the public safety mission of the Florida Department of Corrections. In February 2020, the Florida Foundation for Correctional Excellence, Inc. ("FFCE") was established to promote positive programming for the successful re-entry of inmates back into society. Although the FFCE's initial organizational efforts have been delayed by the unforeseen difficulties posed by the current global pandemic, the foundation is eager to forge ahead with its work on behalf of FDC and the public. Section 20.058 of the Florida Statutes requires citizensupport and direct-support organizations to annually disclose certain information to the state agencies they serve. This letter is to provide information relating to the foundation's status as a newly established direct-support organization serving the Florida Department of Corrections.

Required Disclosures

Section 20.058(1)(a), F.S. – Name, address, telephone number and website* of the organization:

Florida Foundation for Correctional Excellence, Inc. 501 South Calhoun Street Tallahassee, FL 32399 (850) 717-3050

*FFCE does not yet maintain an internet website.

Section 20.058(1)(b), F.S. – Statutory authority for the organization:

Section 944.802, Fla.Stat., establishes the criteria for direct-support organizations serving the Florida Department of Corrections.

Section 20.058(1)(c), F.S. – A brief description of the mission of and results obtained by the organization:

The Florida Foundation for Correctional Excellence is organized exclusively for charitable, scientific and educational purposes to facilitate public-private partnerships advocating positive

programming for the successful reentry of inmates back into society. FFCE was established to bring together public and private partners to increase investment in re-entry programs and workforce training. As a newly established organization, the FCCE is still formulating its final mission statement, code of ethics and specific initial goals. The first scheduled executive board meeting will take place on August 19, 2020.

Section 20.058(1)(d), F.S. - A brief description of the plans of the organization for the next three fiscal years:

During the next year, approximately 30,000 inmates will re-enter our communities. Providing an organized and streamlined transition from prison to community is essential for rehabilitation and integration. Working with businesses, non-profit organizations and community leaders, FFCE will promote innovative and effective career readiness and community re-entry programs within Florida correctional institutions. It will enhance opportunities for Florida inmate re-entry, job training programs, online and classroom academic training and wellness programs. To support programs and re-entry efforts, the Foundation will unite public and private entities to publicize needs, seek resources and donations and encourage philanthropic giving.

Section 20.058(1)(e), F.S. - A copy of the organization's code of ethics.

FFCE's board of directors has been unable to meet since the foundation's articles of incorporation were filed in February 2020. A code of ethics has not yet been finalized by the organization.

Section 20.058(1)(f), F.S. - A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

An IRS Form 990 is not yet available.

The Florida Foundation for Correctional Excellence, Inc. is excited to pursue opportunities for the development of programs that will reduce recidivism, expand career readiness training and support FDC's existing re-entry programs. If you have any questions or need further information, please feel free to contact the foundation.

Sincerely,

Patrick Mahoney

Interim Executive Director